IREDELL COUNTY HEALTH DEPARTMENT PW# 4615 20-1351

12207

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR William J. Law DATE Nov 20, '90 PERMIT NO. IB-1-A-24

PHONE: Business _____ Home _____

LOCATION 136 S. TR 1142 (Johnson Quarry Rd.) TR into Carolwoods TR 1st Street on left S. R. No. _____

SUBDIVISION NAME Carolwoods LOT NO. 24 SECTION OR BLOCK NO. _____

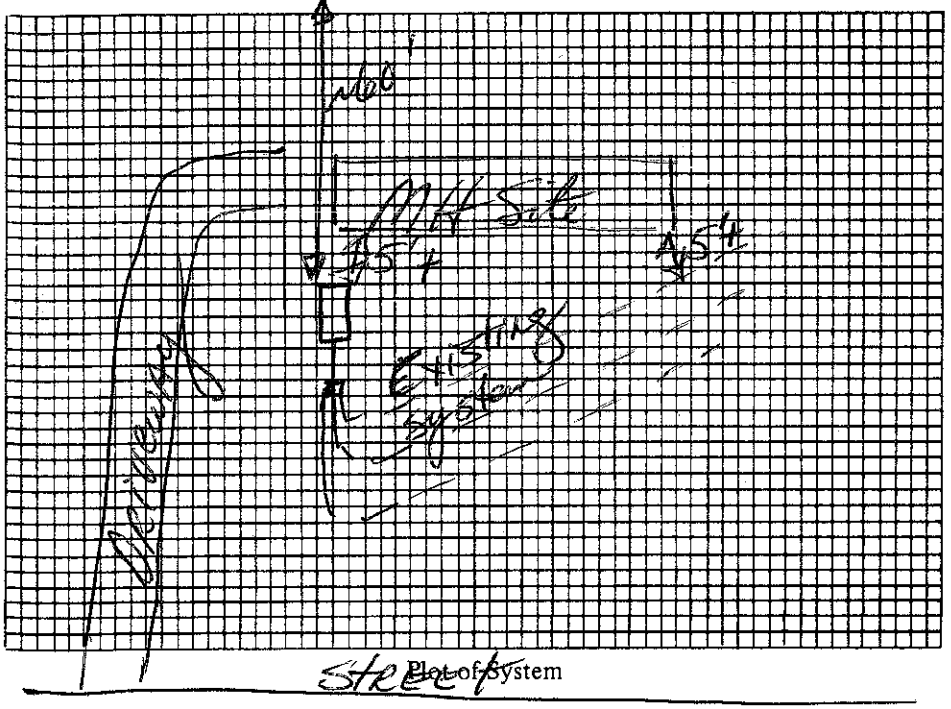
House ( ) Mobile Home (✓) Business ( ) Other Replacing M.H.

No. Bedrooms 2-3 No. Bathrooms 1-2

| | | | |
|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | Character & Porosity of Soil _____ |
| Auto. Dishwasher | Yes (✓) | No ( ) | Percolation Rate _____ |
| Auto. Wash. Machine | Yes (✓) | No ( ) | Topography _____ |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table _____ |
| | | | Rock or other impervious formations _____ |

Lot Area Existing Lot well

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines Existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual (✓)
Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system showing no sign of malfunction at time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: M. Harris / EHS DATE 11-20-90

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold