4675 204282

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Tony Bumgarner DATE 2-20-85 PERMIT NO. 46

PHONE: Business _____ Home _____

LOCATION 1465 to TR 1142 to TR Carolwoods 1st Road to Property on Left S. R. No. _____

SUBDIVISION NAME Carolwoods LOT NO. 26 SECTION OR BLOCK NO. _____

House ( ) Mobile Home (X) Business ( ) Other _____

No. Bedrooms 2-3 No. Bathrooms 2 Character & Porosity of Soil Clay/loam

Garbage Disposal Unit Yes ( ) No (X) Percolation Rate 2-20-85 Fair/Good

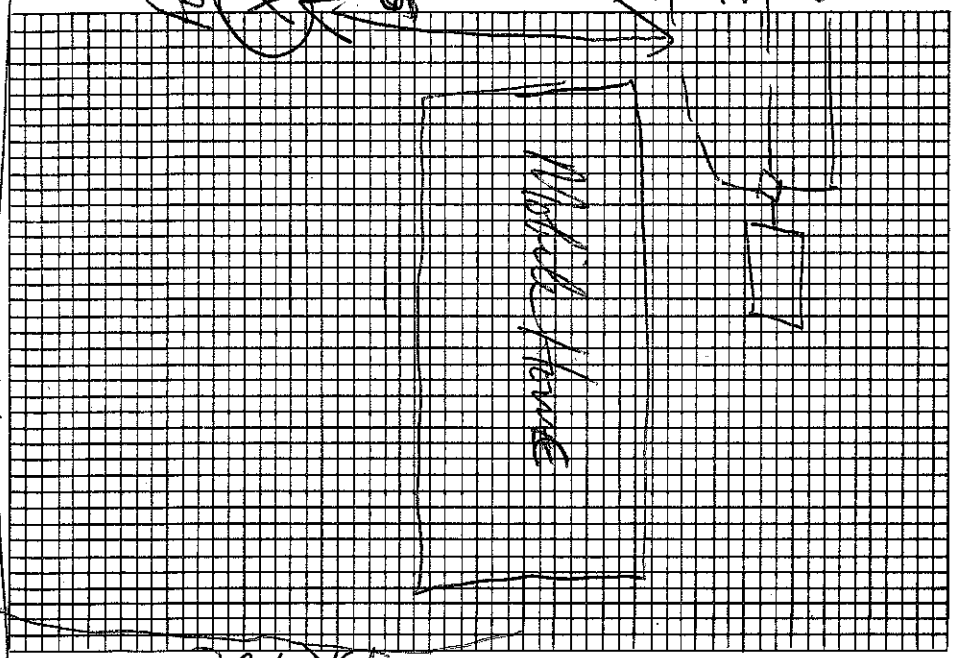
Auto. Dishwasher Yes (X) No ( ) Topography _____

Auto. Wash Machine Yes (X) No ( ) Depth to Water Table _____

Site Suitable Yes (X) No ( ) Rock or other impervious formations None Obs

Lot Area 1 Acre

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 120 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (X)

Public ( )

Installed by Richard Hinshaw

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 2-20-85

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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