IREDELL COUNTY HEALTH DEPARTMENT 4675208073

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

OWNER OR CONTRACTOR Don E. Newell / PBS Realty DATE 1-7-86 PERMIT NO. 12

PHONE: Business _____ Home _____

LOCATION 1146 (NC-136) TR 1142 TR Caro/Drive TR Rouse Lane / At end on cul de sac S. R. No. _____

SUBDIVISION NAME Caro/Woods LOT NO. 29 SECTION OR BLOCK NO. _____

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

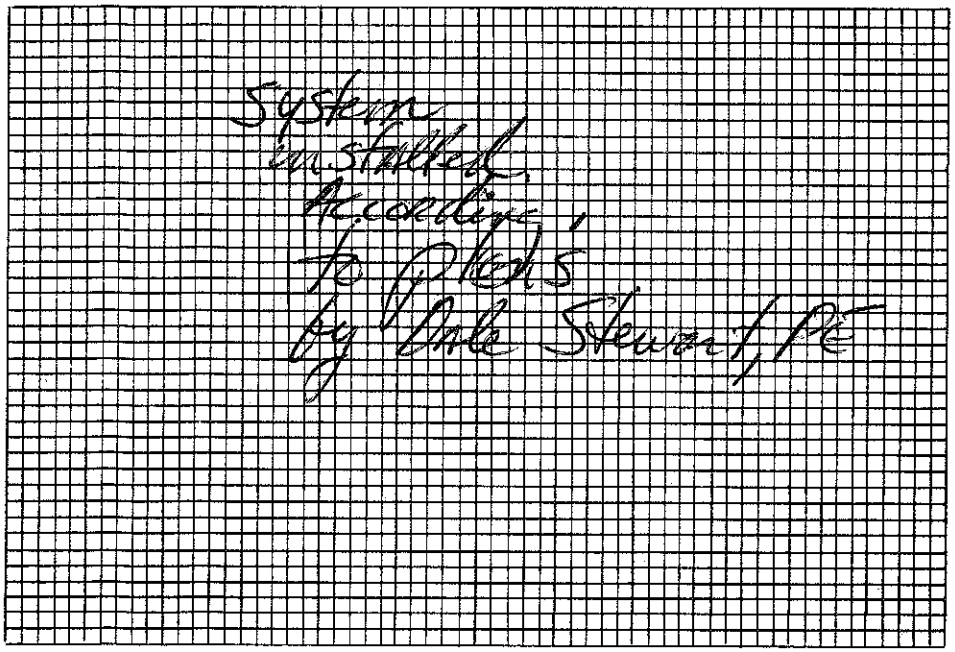
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)
Auto. Dishwasher Yes (X) No ( )
Auto. Wash. Machine Yes (X) No ( )
Site Suitable 3/4 ACRE Yes (X) No ( )
Lot Area _____

Character & Porosity of Soil Clay
Percolation Rate 0 to 15 @ 11 4/day
Topography 0 to 4%
Depth to Water Table _____
Rock or other impervious formations NONE OBS

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement

1000 gal pump tank



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 8
Sq. Ft. 2400 Linear Ft. 480
Depth of Stone in Lines _____
Water Supply: Individual (X)
Public ( )

Installed by Charlie Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Dale Stewart d'd pump (Myers WHR5-HC) in place of specified pump - installed 2 Lateral control valves

CERTIFICATE OF COMPLETION BY Fred Clemmer + Kelly Hucks DATE 1-7-86

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