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 PBS Realty DATE 7-23-85 PERMIT NO. 262

PHONE: Business _____ Home _____

LOCATION 1145 TR 1142 TR Carol TR Louise

_____ S. R. No. _____

SUBDIVISION NAME Cardwoods LOT NO. 29 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

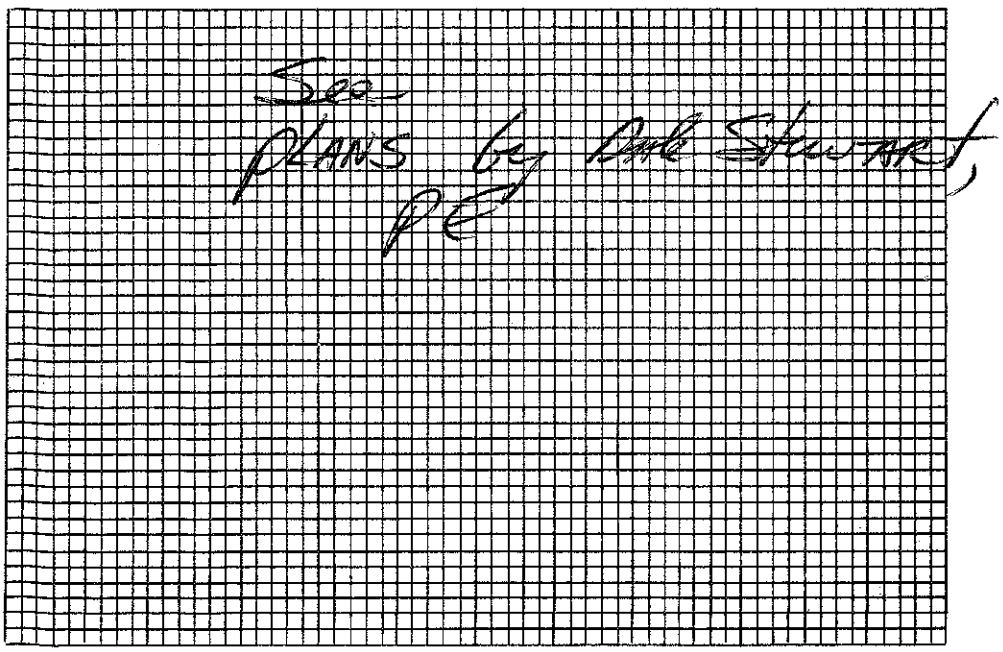
Garbage Disposal Unit	Yes ( )	No (X)	
Auto. Dishwasher	Yes (X)	No ( )	
Auto. Wash. Machine	Yes (X)	No ( )	
Site Suitable	Yes (X)	No ( )	

Lot Area 3/4 Acre

Character & Porosity of Soil Clay
Percolation Rate 0.15 gal/ft²/day
Topography 20% +
Depth to Water Table _____
Rock or other impervious formations NONE obs

1000 gal pump TANK

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 8
Sq. Ft. 240 Linear Ft. 480
Depth of Stone in Lines _____

Water Supply: Individual (X)
Public ( )

Installed by _____

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

Signed: X [signature]

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: System to be layed out according to Engineers Specifications; Contractor to meet with Health Department (on site with Engineer present) prior to commencing construction

CERTIFICATE OF COMPLETION BY _____ DATE _____

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