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 9-27-85 PERMIT NO. 421

PHONE: Business _____ Home _____

LOCATION NC 136 SR 1142 TR Carol Drive TR Louise Drive Around on cul de sac S. R. No. _____

SUBDIVISION NAME Arrowwood LOT NO. 28 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

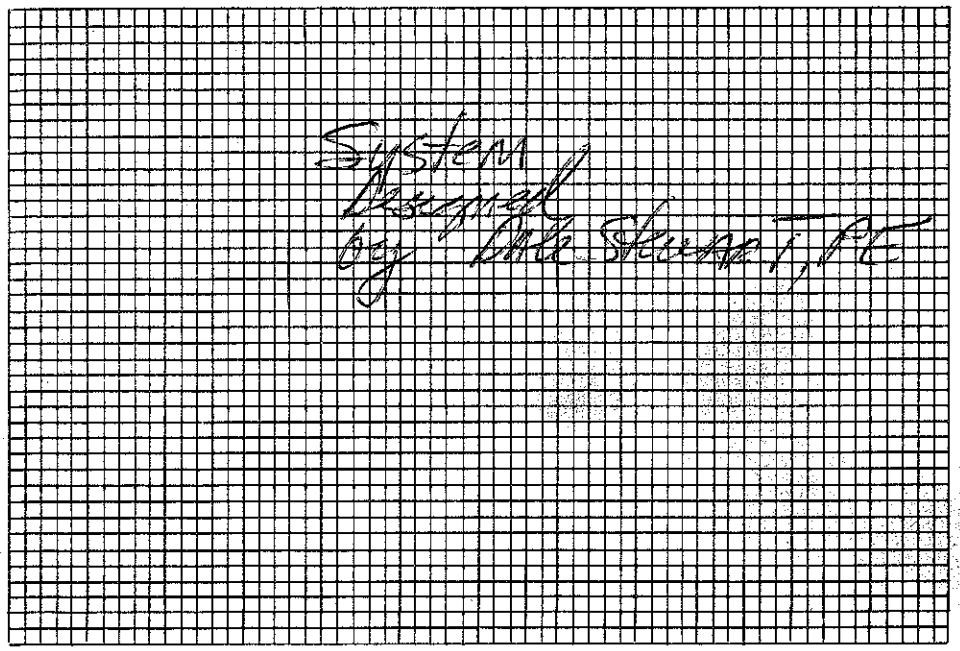
Garbage Disposal Unit Yes ( ) No (X)
Auto. Dishwasher Yes (X) No ( )
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes (X) No ( )

Lot Area 3/4 ACRE

Character & Porosity of Soil Clay
Percolation Rate 0-15 gal/ft²/day
Topography 2%
Depth to Water Table 2'
Rock or other impervious formations None 0-5'

1000 gallon CAP

_____ 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. 2400 Linear Ft. 480
Depth of Stone in Lines _____

Water Supply: Individual (X)
Public ( )

Installed by J. J. Ervin Const.

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 9-27-

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