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 7-25-85 PERMIT NO. 261

PHONE: Business _____ Home _____

LOCATION 1146 S TR 1142 TR Carol ~~Circle~~ Drive TR Louise Dr.
At end of cul de sac S. R. No. _____

SUBDIVISION NAME Carolwoods 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 1 ACRE

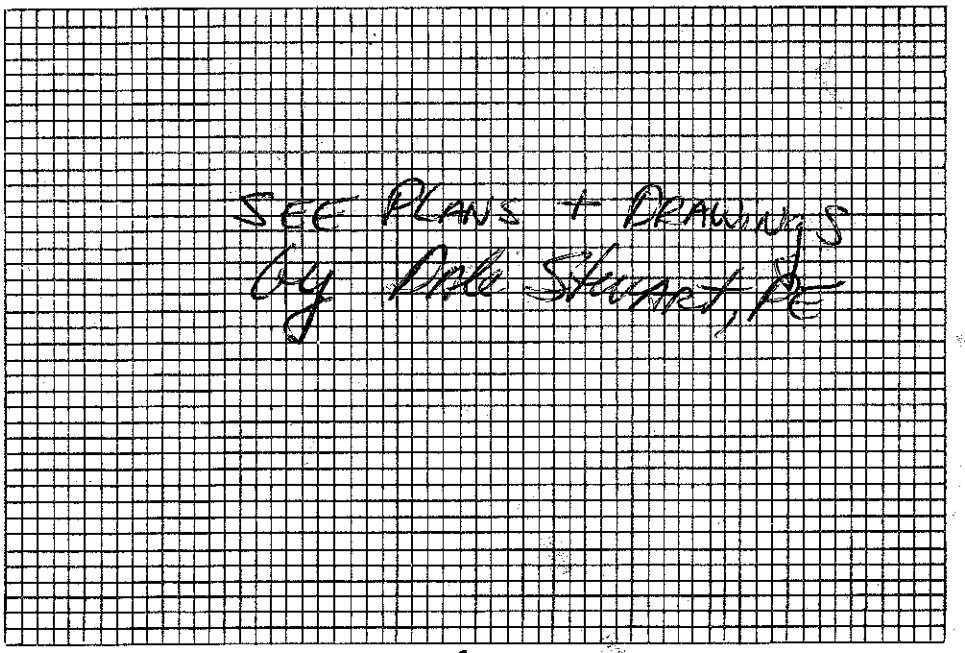
Character & Porosity of Soil Clay
Percolation Rate 0.15
Topography 2 to 4%
Depth to Water Table _____
Rock or other impervious formations None obs

LAP 1000 gallon pump

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement

Size of Tank 1000 Gals.

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



Plot of System

Installed by _____

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

Signed: S. S. Bratton
X

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: System to be layed out According to Engineers Specs Contractor to meet with Health Department on Site (with Engineer present prior to Commencing Construction)

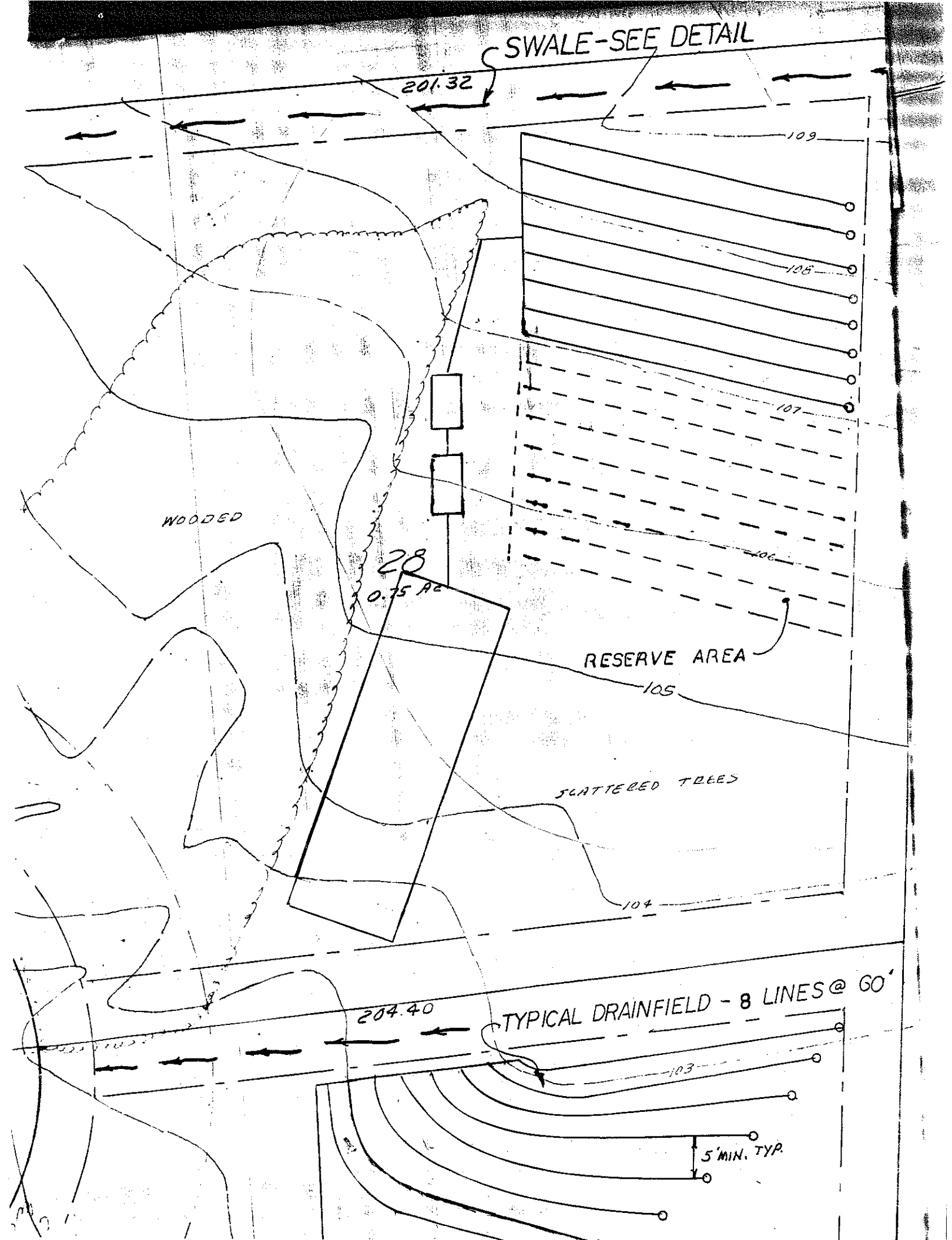
CERTIFICATE OF COMPLETION BY _____ DATE _____

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


SWALE-SEE DETAIL
201.32
109
108
107
106
WOODED
28
0.75 AC
RESERVE AREA
105
SCATTERED TREES
104
204.40
TYPICAL DRAINFIELD - 8 LINES @ 60'
103
5' MIN. TYP.