9834

IREDELL COUNTY HEALTH DEPARTMENT

PIN# ~~4675 30 0305~~ # 4675 30 0305

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

OWNER OR CONTRACTOR Carolyn Atwell DATE 4/3/89 ~~PERMIT NO.~~ Quad 22C

PHONE: Business _____ Home 933-8598

LOCATION 136 S. TR into Carolwoods ~1/4 mile on R. b/fore Johnson Dairy Rd. 3rd on left. S. R. No. 1365

SUBDIVISION NAME Carolwoods Hunter Woods LOT NO. 8 SECTION OR BLOCK NO. _____

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

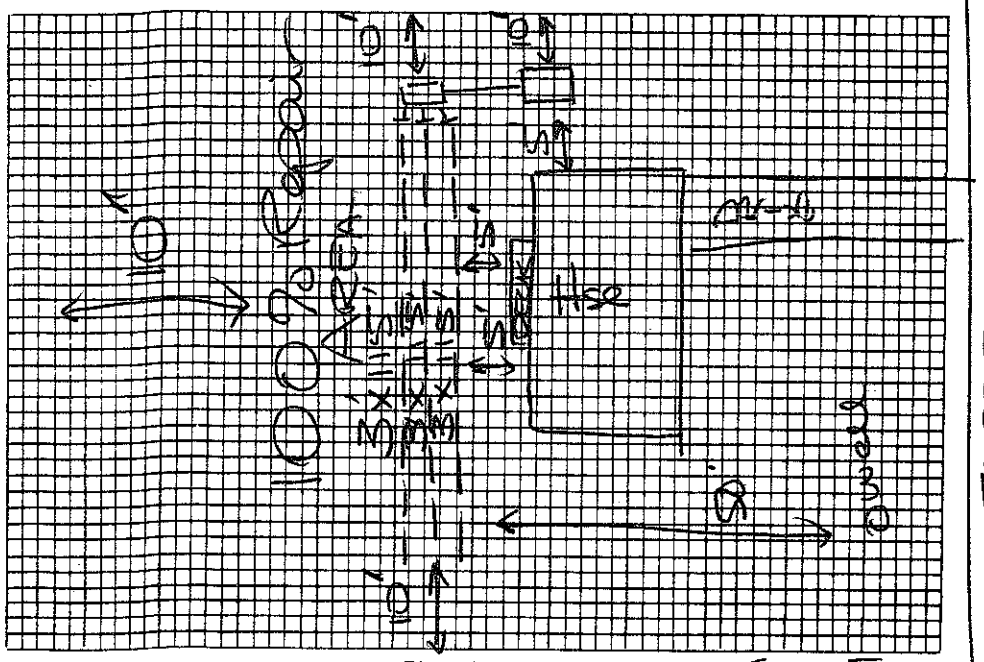
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil clay
Percolation Rate .35
Topography 2%-6%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Lot Area 20,000 ft²+

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System NOT TO SCALE

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 1035 Linear Ft. 345
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public ( )

Installed by _____

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

Signed: Carolyn Atwell

IMPROVEMENTS PERMIT BY Andrew C. Price

COMMENTS: Install system at a shallow depth with drainlines on contour, level. Drainfield lines must be 24"-30" maximum to ditch bottom

CERTIFICATE OF COMPLETION BY R. Richard Price DATE 7-26-89

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