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 Two Star Developers DATE 5/10/78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Carol Lynn Acres

S. R. No. _____

SUBDIVISION NAME Carol Lynn Acres LOT NO. 56 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 ( )

Lot Area 20,000 Sq. ft. +

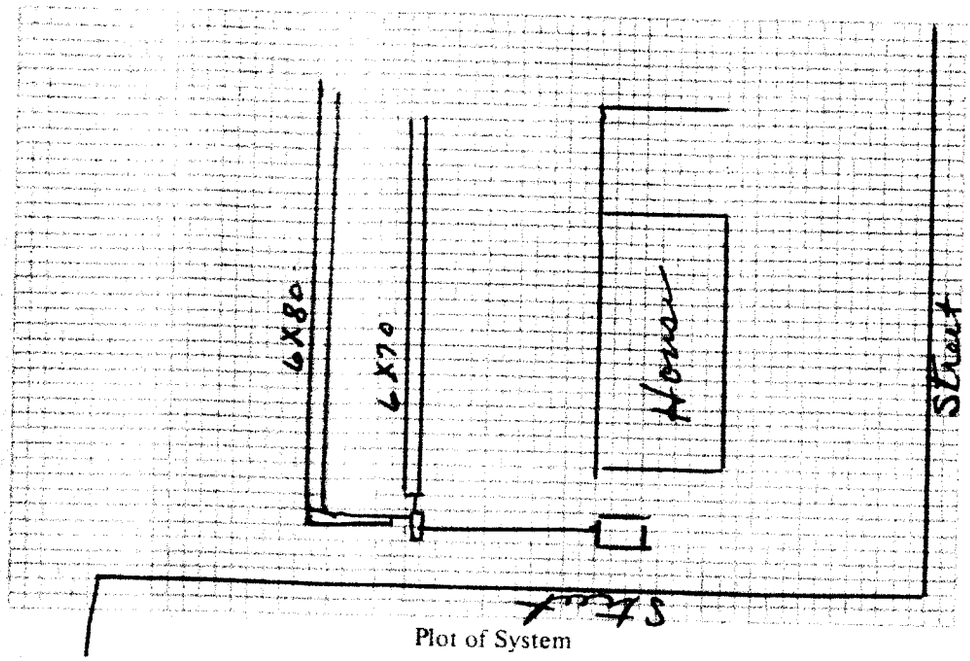
Character & Porosity of Soil Prob Suitable

Percolation Rate _____

Topography Slope Low

Depth to Water Table _____

Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines as shown

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 16"

Water Supply: Individual ( )

Public (✓)

Installed by Donald Lackey

IMPROVEMENTS PERMIT BY _____

COMMENTS: Lot should be graded so surface water will run away from septic tank & lines. ~~Lines Ditch Down Not Done~~ Lines Not Put in as laid out.

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 5/10/78

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold