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 Carlton - Rinaldi DATE 11-16-73 PERMIT NO. _____

PHONE: Business _____ Home _____

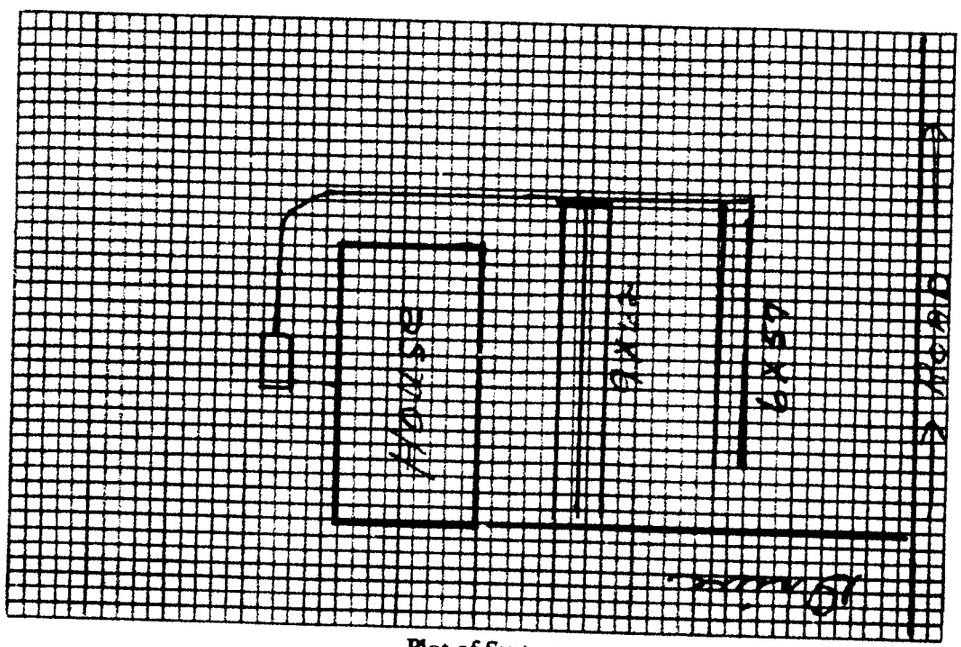
LOCATION Hwy # 21 Past Lenay, T.R. into Carol Lynn Acres S. R. No. _____

SUBDIVISION NAME Carol Lynn Acres LOT NO. 13 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Red Clay
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Slight to Front
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	Low
Lot Area 100 X 200			Rock or other impervious formations	None



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines Shown on Sketch (5)
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 16"
Water Supply: Individual ( )
Public (✓)

Installed by Lackey Bros

IMPROVEMENTS PERMIT BY E. A Stevenson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY E. A Stevenson DATE 12-7-73

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