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 Rinaldo DATE 11-16-73 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy # 90 East Taylorsville - T.L. into Carol-Lynn Acres S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 14 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 100 X 200

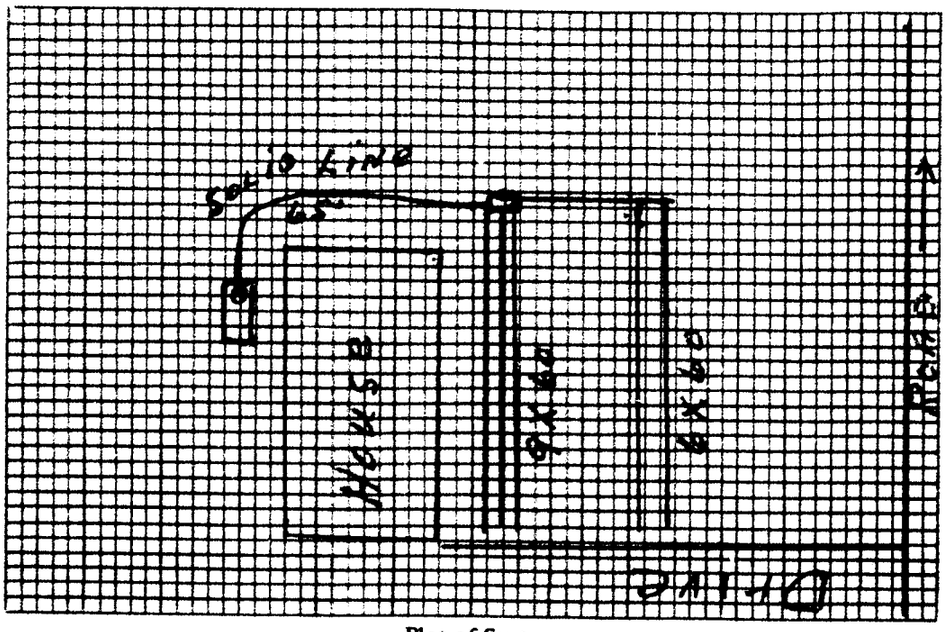
Character & Porosity of Soil Red Clay

Percolation Rate _____

Topography Slope to Front

Depth to Water Table Low

Rock or other impervious formations None



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 10"

Water Supply: Individual ( )

Public (✓)

Installed by Lackey Bro

IMPROVEMENTS PERMIT BY E. A. Stevenson

COMMENTS: Due to depth of tank, Tile was placed over clean out hole to bring it to within 1 foot of top of ground.

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

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