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 - Pinaldo DATE 4-17-74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy # 90 Past Loray. T.R. into Carol. Lynn Acres.

SUBDIVISION NAME Carol Lynn-Acres LOT NO. 15 SECTION OR BLOCK NO. _____ S. R. 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

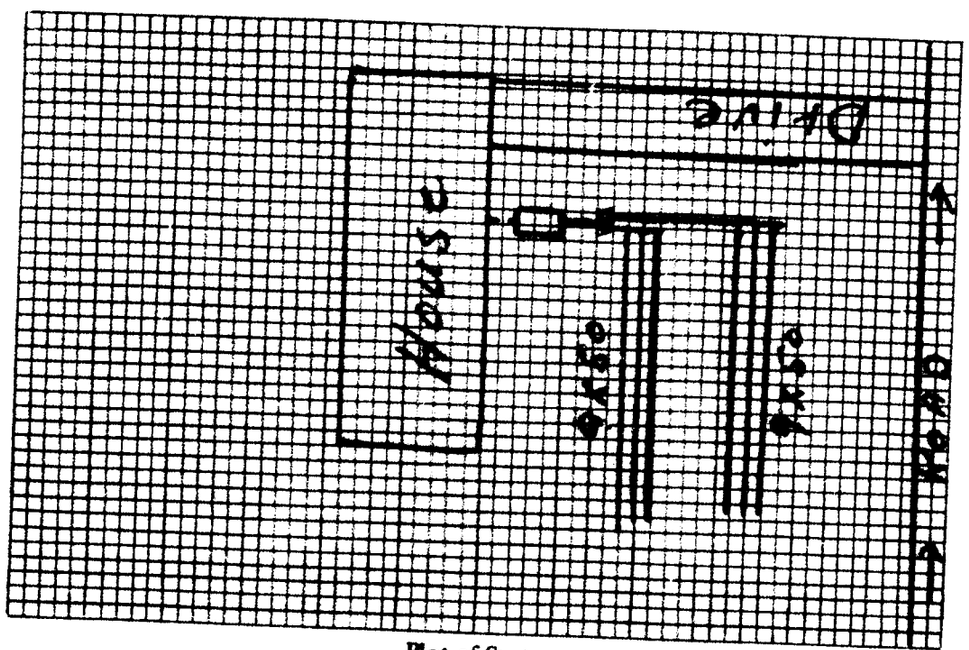
Character & Porosity of Soil Red Clay

Percolation Rate _____

Topography Slope To front

Depth to Water Table Low

Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4 Skatoul

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 10"

Water Supply: Individual ( )

Public (✓)

Installed by Lackey Bros

IMPROVEMENTS PERMIT BY E. G. Stevenson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY E. G. Stevenson DATE 4-17-74

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