**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 5-31-74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Coral Lynn Acres

S. R. No. _____

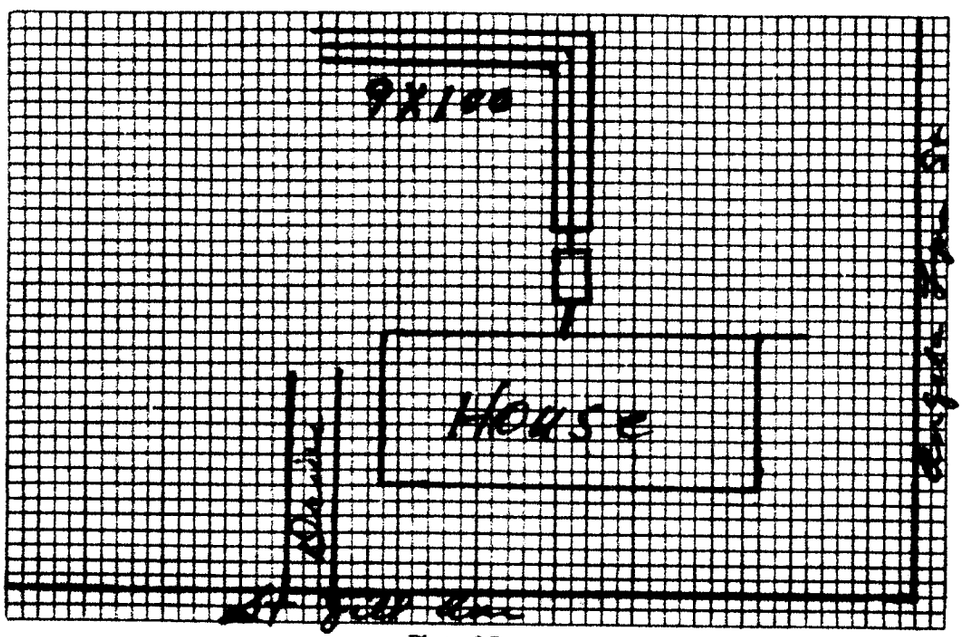
SUBDIVISION NAME _____ LOT NO. 36 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1½

| | | | | | |
|---|---|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | Character & Porosity of Soil | Red Clay |
| Auto. Dishwasher | Yes ( ) | No (✓) | Percolation Rate | Sub-Division Average |
| Auto. Wash. Machine | Yes (✓) | No ( ) | Topography | Slight Slope |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table | Unk |
| | | | Rock or other impervious formations | Unk |

Lot Area 22,700 Sq/ft




Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 10"

Water Supply: Individual ( )
Public (✓)

Installed by Lackey Bro

IMPROVEMENTS PERMIT BY William M. Howard

COMMENTS: Tank + Lines are Deep

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 5-31-74

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