## 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 Hope Bro DATE 1-9-76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Carol-Lynn Acres

S. R. No. _____

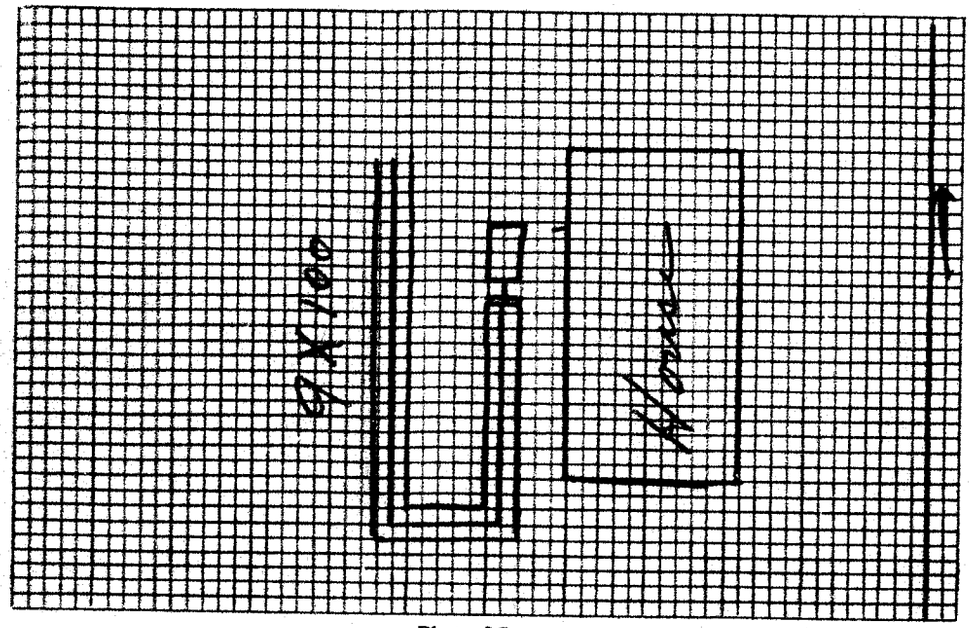
SUBDIVISION NAME Carol Lynn Acres LOT NO. 38 SECTION OR BLOCK NO. _____

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 slope to rear of lot |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table | Low |
| | | | Rock or other impervious formations | None |

Lot Area 39,960 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 Hope Bro

IMPROVEMENTS PERMIT BY _____

COMMENTS: Divert downspouts away from Tank + lines.

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 1-9-76

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