IREDELL COUNTY HEALTH DEPARTMENT PIN# 4740-50-3603

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR MARLO CORP / FLOYD GREEN DATE 1/10/91 PERMIT NO. 4F-3-A-14

PHONE: Business _____ Home _____

LOCATION 115-21N, (L) 1312, (L) 1383, 1/2 mile (L) 2ND ENTRANCE MARLO LOOP, 1ST ON (R)

S. R. No. _____

SUBDIVISION NAME CARLYLE FARM LOT NO. 14 SECTION OR BLOCK NO. 2

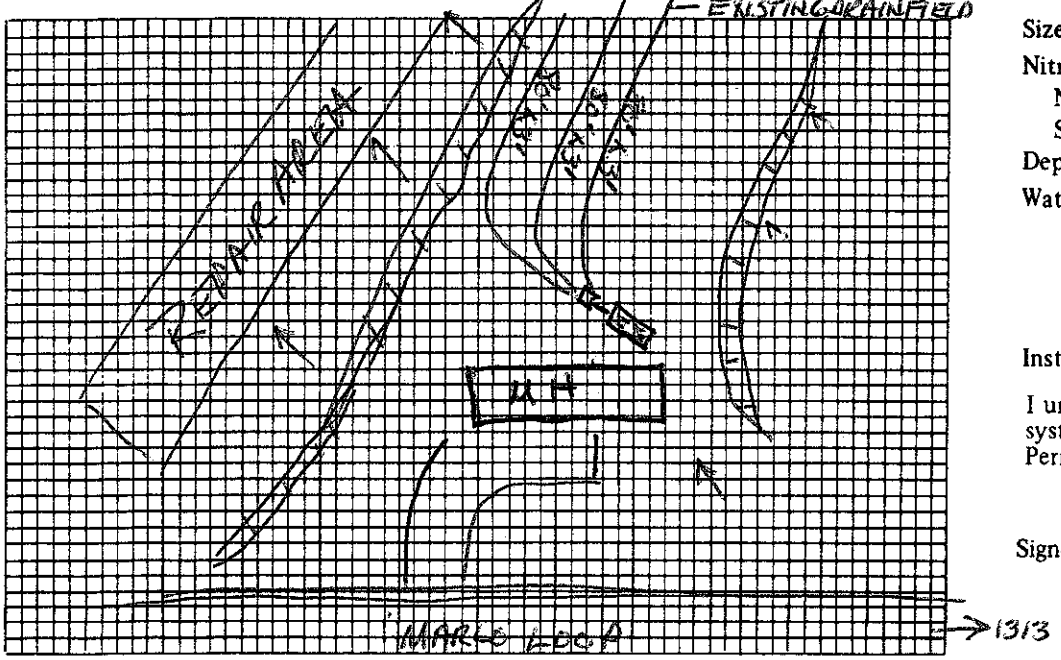
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil CLAYEY
Percolation Rate .4
Topography 2-8%
Depth to Water Table >4'
Rock or other impervious formations NO

Lot Area 20,000 FT²

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement EXISTING SYSTEM



Plot of System

Size of Tank 1000 EXISTING Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines N/A
Water Supply: Individual (✓) well on adjacent lot
Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing System showing no signs of malfunction at time of inspection. Repair must be granted for future additions or system expansions.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Wesley Sparks RS. DATE 1/10/91

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold