3:00

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 Charles Anderson DATE 11-6-85 PERMIT NO. 371

PHONE: Business ______ Home ______

LOCATION 115-21 North R 1312 X I77 R 1313
1/2-mile on left S. R. No. ______

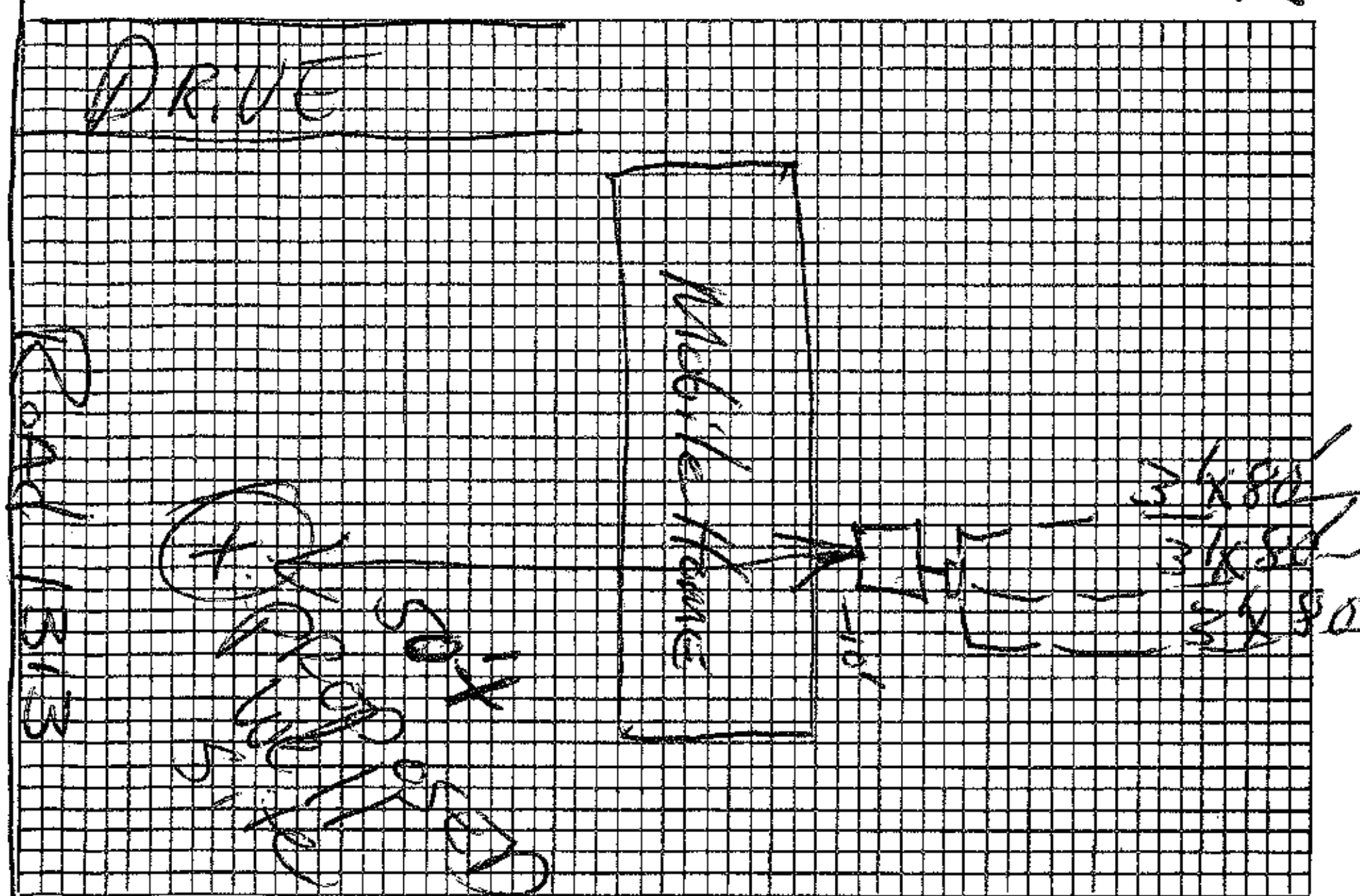
SUBDIVISION NAME Carlyle Farms LOT NO. 16 SECTION OR BLOCK NO. ______

House ( ) Mobile Home (X) Business ( ) Other ______

No. Bedrooms 3	No. Bathrooms 2	Character & Porosity of Soil	Clay
Garbage Disposal Unit	Yes ( ) No (X)	Percolation Rate	0.5 gal/ft²/day
Auto. Dishwasher	Yes (X) No ( )	Topography	2-4%
Auto. Wash. Machine	Yes (X) No ( )	Depth to Water Table	
Site Suitable	Yes (X) No ( )	Rock or other impervious formations	NONE obs.

Lot Area 20,000 FT²

___ Basement with Plumbing ___ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field: 3
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

Installed by ______

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

Signed: X [signature]

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep system shallow

CERTIFICATE OF COMPLETION BY ______ DATE ______

EXISTING SYSTEM CHECKED BY: ______ DATE ______

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