REPAIR

IREDELL COUNTY HEALTH DEPARTMENT

PIN# 4740-50-5584

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR MARLO CORP. (FLOYD GREENE) DATE 7/24/92 PERMIT NO. —

PHONE: Business _____ Home _____

LOCATION 115 - 21N TL ON FLOWER HOUSE LP, TL ON CARLYLE RD, ~ 1/2 mile ON (L) JUST BEFORE 2ND ENTRANCE S.R. No. _____

SUBDIVISION NAME CARLYLE FARMS LOT NO. 2 SECTION OR BLOCK 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 ☐

Lot Area Existing

Soil Characteristics Repair

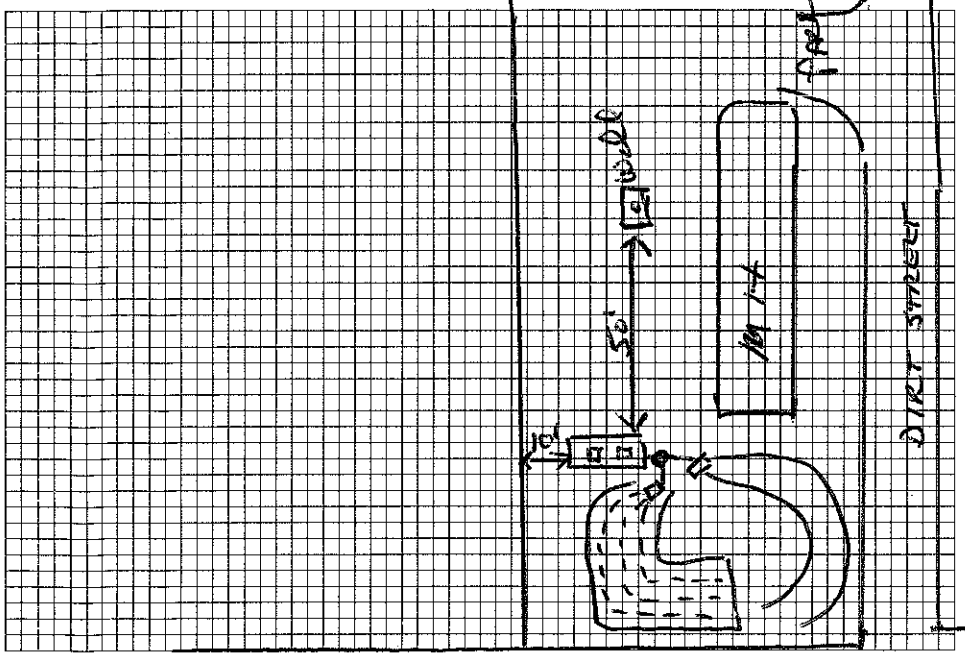
Application Rate P - .3 (CC - SP - SF, WKSOK)

Topography _____

Depth to Water Table 5

Rock or other impervious formations 5

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

CARLYLE RD.

Size of Tank EXISTING 1000 Gals.

Nitrification Field:

No. of Lines 15' x 63' BED

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12-14"

Water Supply: Individual ☑ Public ☐

Installed by Julian Bowles

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY _____

COMMENTS _____

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 7/24/92

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

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