IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Marlo Corp. (Floyd Crane) DATE June 19, '92 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115-21 N. TL 1312 (Flower House Lp.) TL 1313 (Carlyle Rd.) ~½ mile on left S.R. No. _____

SUBDIVISION NAME Carlyle Farms LOT NO. 2 SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Business ☐ Other Repair

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Existing 720,000ft

Soil Characteristics _____

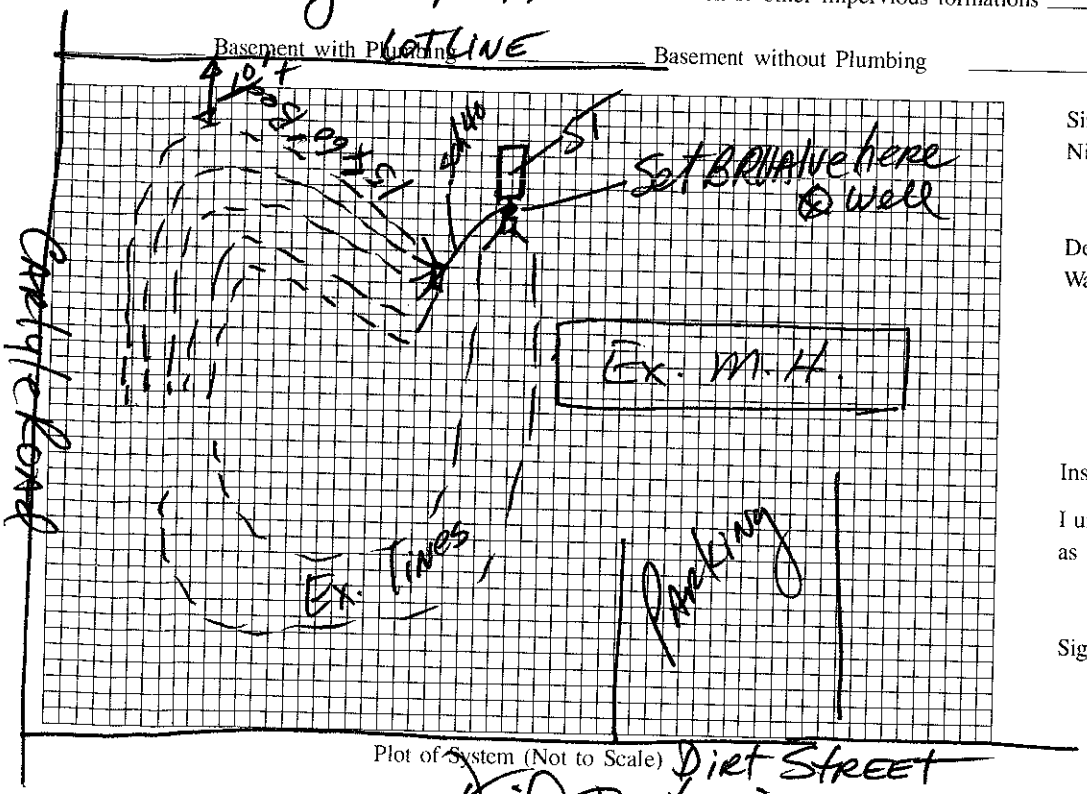
Application Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

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



Plot of System (Not to Scale) Dirt Street

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 15'x60' Bed

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"+

Water Supply: Individual ☑ Public ☐

Installed by _____

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

Signed: J R Bowles

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

IMPROVEMENT PERMIT BY David R. Henson IRS

COMMENTS Install new drainfield no deeper than necessary but at least 12" cover.

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

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