4740-50-7620

IREDELL COUNTY HEALTH DEPARTMENT

12518

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

OWNER OR CONTRACTOR Jim Conley DATE 3/9/91 PERMIT NO. 4F-3-A-3

PHONE: Business _____ Home 873-3379

LOCATION Marlo Loop -

S. R. No. 1313

SUBDIVISION NAME _____ Carlyle Farms NO. 3 SECTION OR BLOCK NO. 1

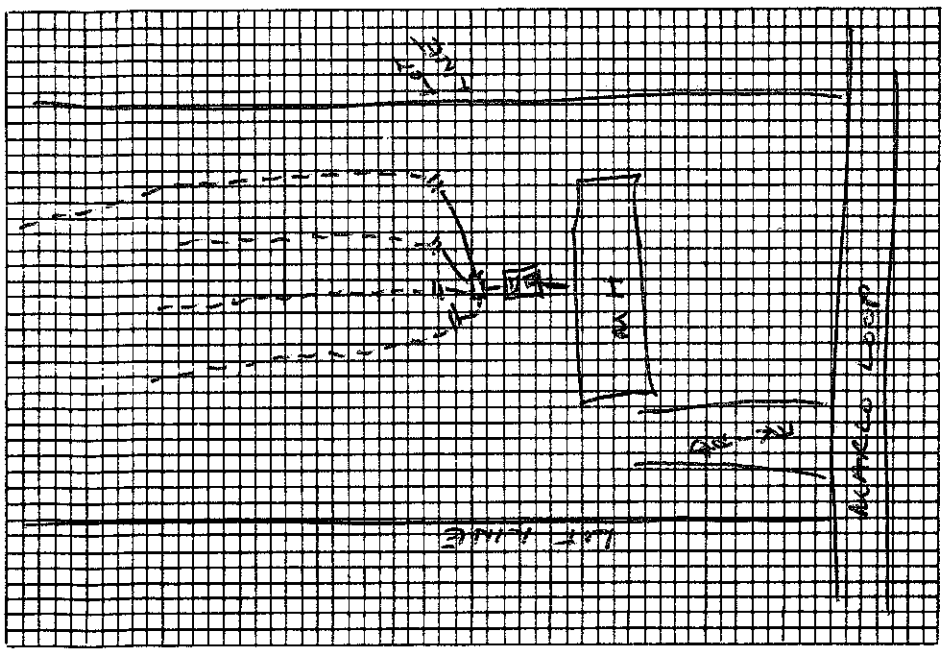
House ( ) Mobile Home (✓) Business ( ) Other _____

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

Character & Porosity of Soil _____
Percolation Rate Existing System
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area 20,000 FT²

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. ~~1030~~ Linear Ft. 340
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: No evidence of malfunction on this date. System was repaired on 3/30/90 with additional 100'x3' line.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Wesley Sparks R.S. DATE 3/8/91

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