1.00

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 Mack Corp. DATE 9-17-85 PERMIT NO. 321

PHONE: Business _____ Home _____

LOCATION HSN TR 1312 TL 1313 About 3/4 mile on left TL 1st Mack Loop. on left S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)

Auto. Dishwasher Yes (X) No ( )

Auto. Wash. Machine Yes (X) No ( )

Site Suitable Yes (X) No ( )

Lot Area 20,000FT

Character & Porosity of Soil Clay

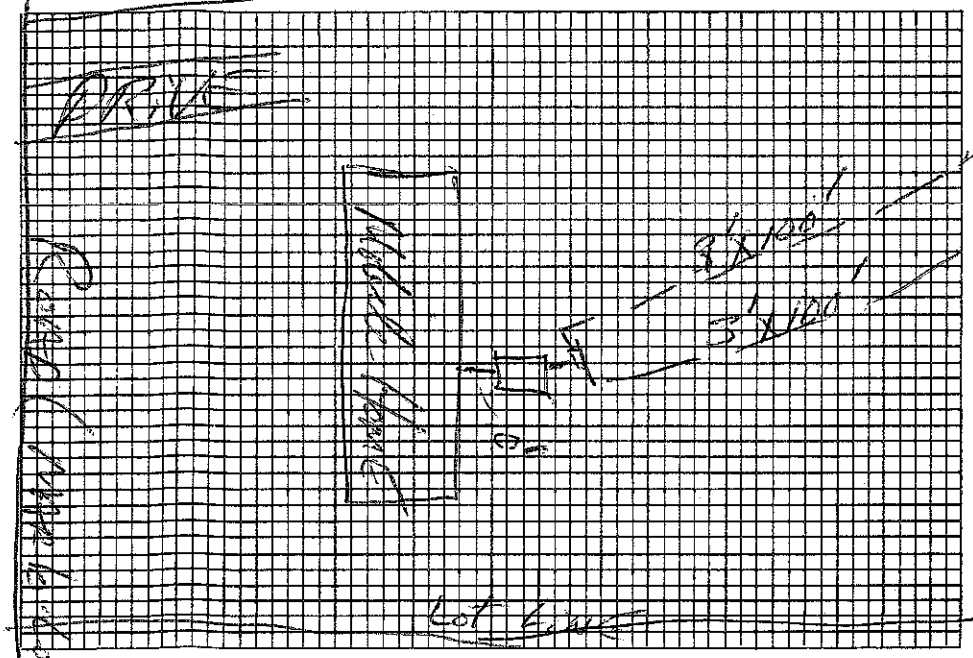
Percolation Rate 2-5 40 min

Topography Level

Depth to Water Table 4'

Rock or other impervious formations None obs

_____ Basement with Plumbing Lot Line Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )
well next door

Installed by _____

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

Signed: X _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Follow contours of hill with lines

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