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 Mario Corp. DATE 10-29-85 PERMIT NO. 360

PHONE: Business _____ Home _____

LOCATION 115-21 North TL 1312 TL 1313 ~1 mile on left TL Mario Loop 4th on left S. R. No. _____

SUBDIVISION NAME [redacted] LOT NO. 5 SECTION OR BLOCK NO. _____
Carlyle Farms

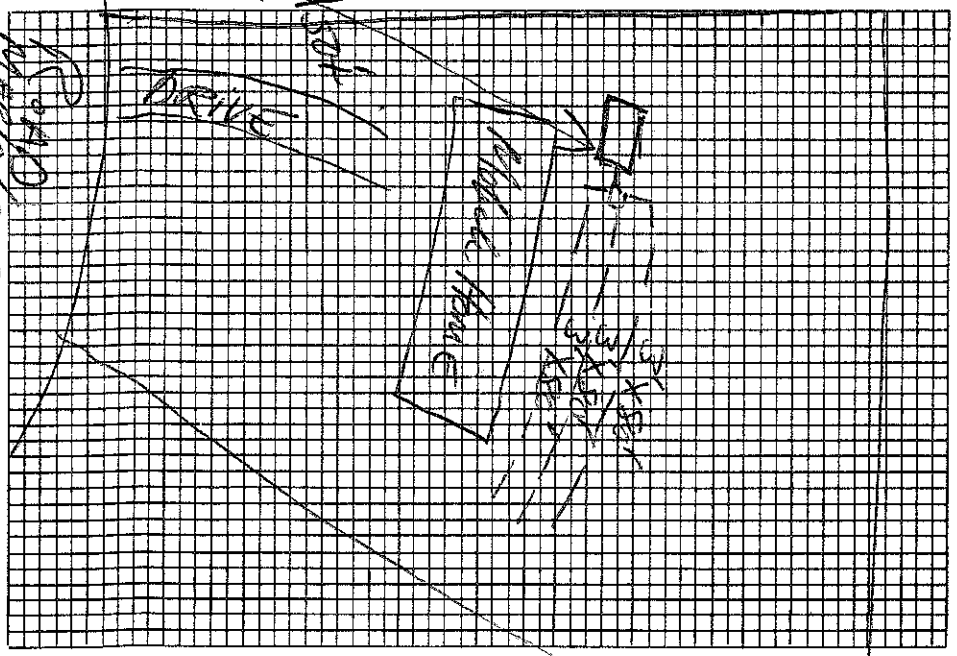
House ( ) Mobile Home (X) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay	
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	0.5 gal/ft²/day	
Auto. Wash. Machine	Yes (X)	No ( )	Topography	2-10%	
Site Suitable	Yes (X)	No ( )	Depth to Water Table	4'	
			Rock or other impervious formations	None 0-6'	

Lot Area 20,000 ft² +

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )
well on Lot 4

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

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