4 740 516156

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 Marlo Corp DATE 5-28-86 PERMIT NO. 301

PHONE: Business ________ Home ________

LOCATION 21NTL Flowerhouse loop TR on Carlyle Rd ½ mile on left

S. R. No. ________

SUBDIVISION NAME Carlyle Farms LOT NO. 7 SECTION OR BLOCK NO. ________

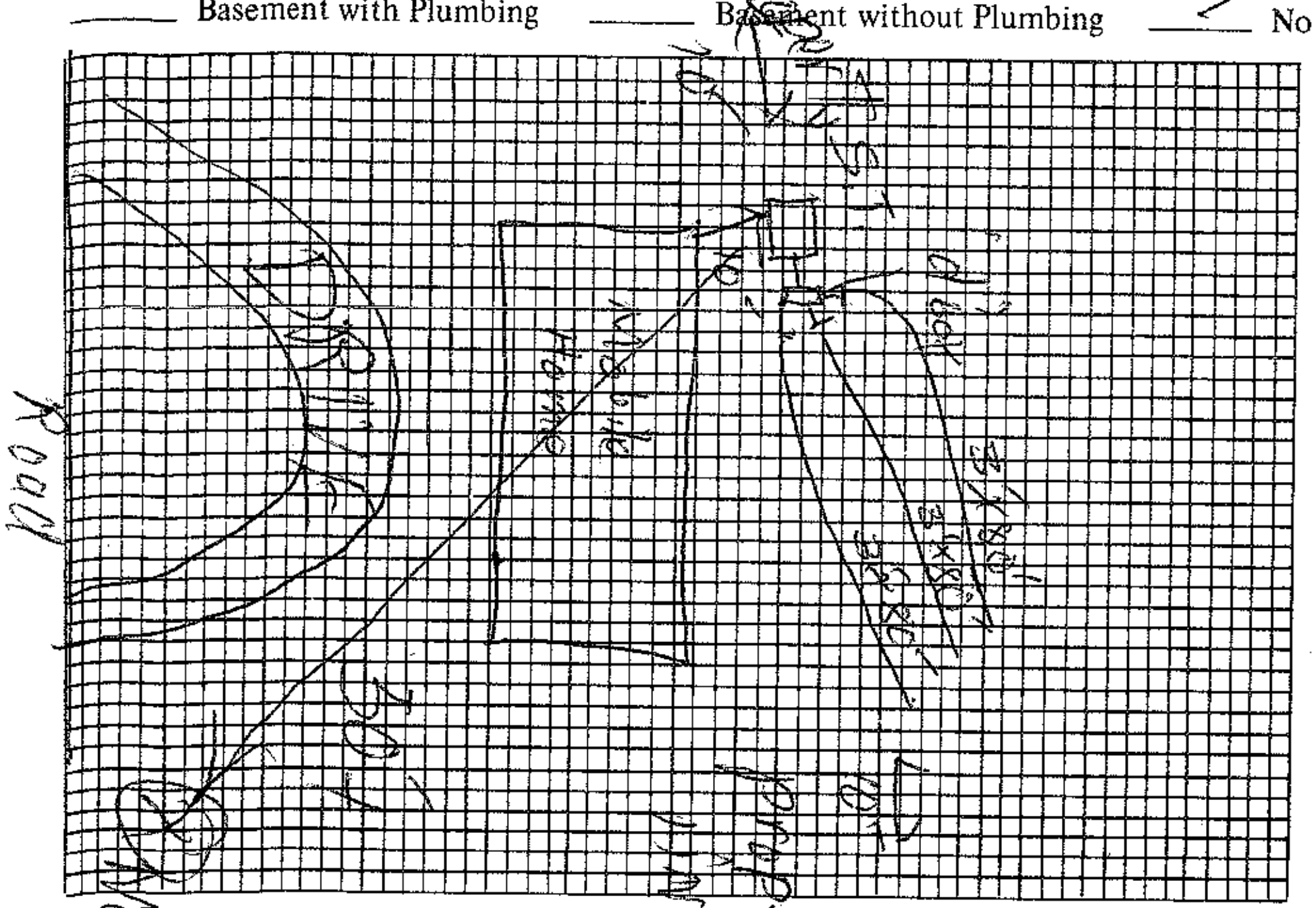
House ( ) Mobile Home (✓) Business ( ) Other ________

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	0.4 gal/ft²/day
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-8%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'
			Rock or other impervious formations	NONE

Lot Area ________

____ Basement with Plumbing ____ Basement without Plumbing ✓ 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 (✓)

Public ( )

Installed by F. J. Ervin

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

Signed: ________

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: ________

CERTIFICATE OF COMPLETION BY Charles K. Barnett DATE 5-28-86

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