4740-60-0387

11705

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 Leetha Baity DATE 8/16/90 PERMIT NO. 4F-3-A-7

PHONE: Business _____ Home _____

LOCATION 21 N To Flowerhouse To Carlyle To First Marb Loop

S. R. No. _____

SUBDIVISION NAME CARLYLE FARMS LOT NO. 7 SECTION OR BLOCK NO. 1

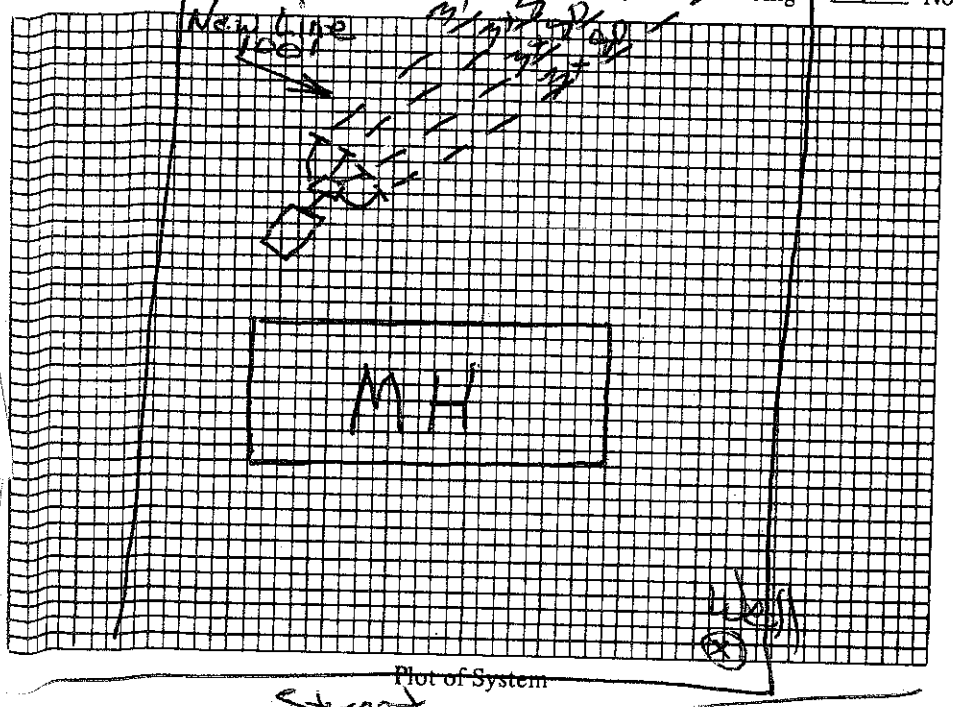
House ( ) Mobile Home (✓) ~~Business ( )~~ Other Addition to system

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil		
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate		
Auto. Wash. Machine	Yes (✓)	No ( )	Topography		
Site ~~Suitable~~ FS	Yes (✓)	No ( )	Depth to Water Table		
			Rock or other impervious formations		

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 300' Linear Ft. 100'

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

C.W.

Installed by FJ Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

RTIFICATE OF COMPLETION BY Sam Ingram EHS DATE 8/16/90

TING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making ents Permit.

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