02196

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 Carolina Enviro Systems DATE 3-12-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 N before Harmony I-

SUBDIVISION NAME Forest Oaks LOT NO. 12 S. R. No. _____

House (✓) Mobile Home ( ) Business ( ) Other _____ SECTION OR BLOCK NO. _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes ( )	No (✓)
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable	Yes (✓)	No ( )

Lot Area Adequate

Character & Porosity of Soil Clay Subsoil

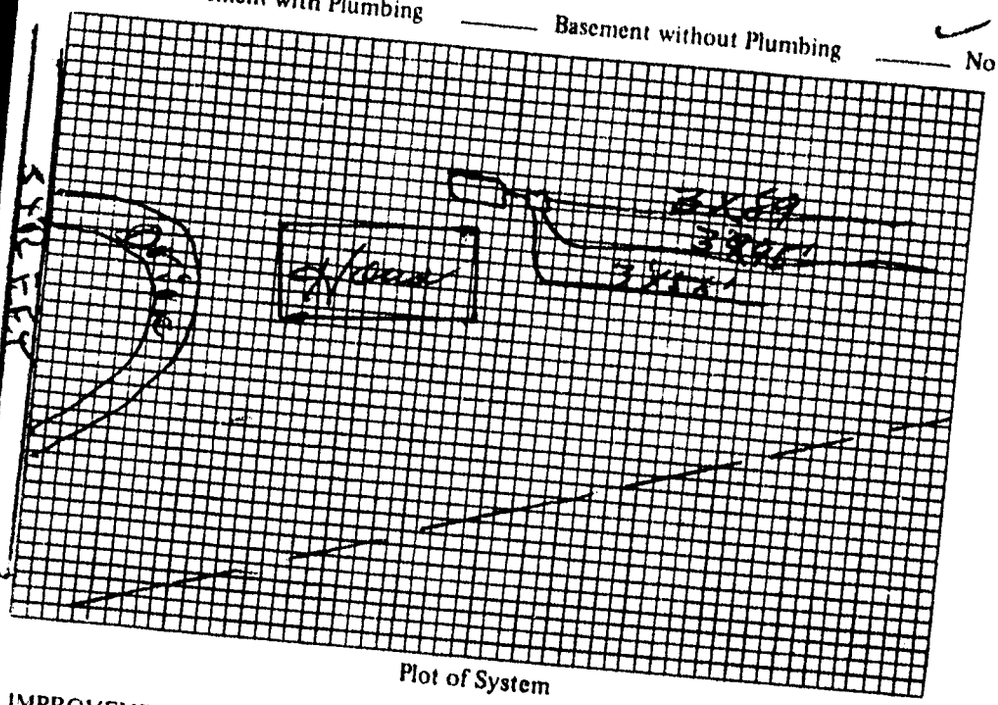
Percolation Rate 1 in 45 min. 1 in 60 min.

Topography 7-10% slope

Depth to Water Table 10'

Rock or other impervious formations Decomposed Rock

_____ 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 Unspecified

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Downspouts should be diverted away from system

CERTIFICATE OF COMPLETION BY _____ DATE 3/12/86

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