Bob Wessmiller

4645229175

15003

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Mary K. Carson DATE Dec 31, '92 PERMIT NO. part of 2API

PHONE: Business _____ Home _____

LOCATION 115 S. TR 1102 (Longtree) TR into Carson Place 1st lot on right 112 Carsons Pl.

SUBDIVISION NAME _____ S.R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area .94 Ac

Soil Characteristics PS clay

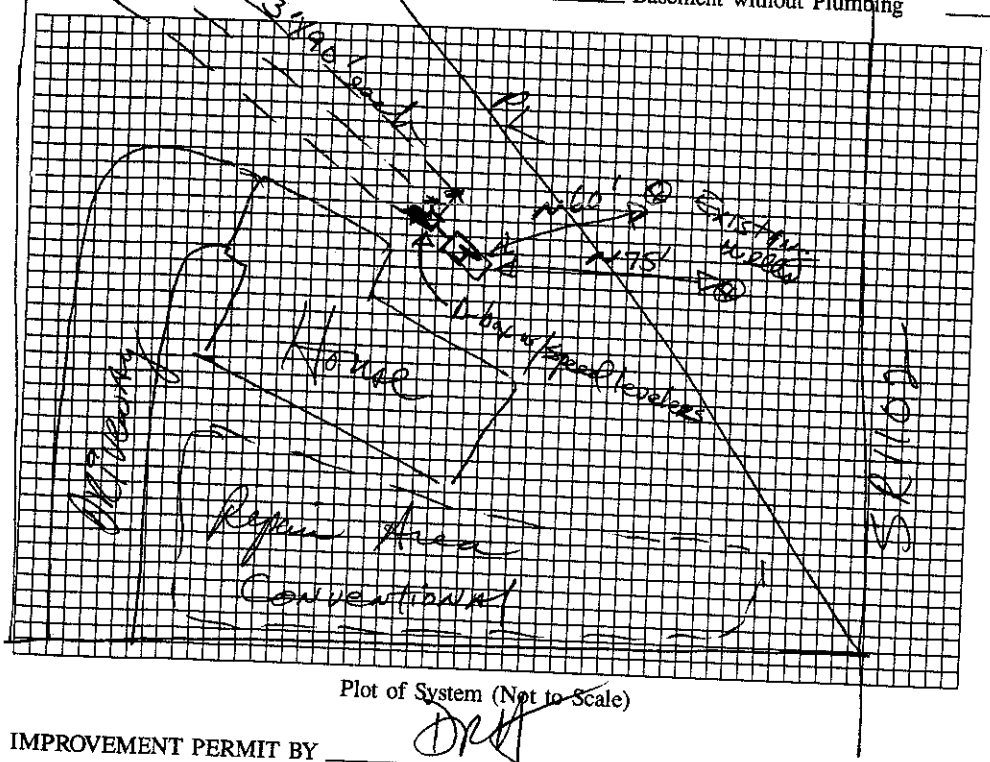
Application Rate .3

Topography 2-4%

Depth to Water Table 24'

Rock or other impervious formations None obs

1 Basement with Plumbing _____ Basement without Plumbing ✓ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 810 Linear Ft. 270

Depth of Stone in Lines 12"

Water Supply: Individual ☑ on adjacent lot

Public ☐

Installed by J R Bowles

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY DRH

COMMENTS _____

CERTIFICATE OF COMPLETION BY DR Hanson RS

EXISTING SYSTEM CHECKED BY _____ DATE 12/31/92

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

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