4645 23 6446

IREDELL COUNTY HEALTH DEPARTMENT

11556

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Kenneth W. Smith DATE Nov. 9, '90 PERMIT NO. 2-A-6-A-7

PHONE: Business _____ Home _____

LOCATION 115 S. TR 1102 TR into Carson's Place bear left at end on left 108 LAWRENCE TEE LN. S. R. No. _____

SUBDIVISION NAME Carson's Place LOT NO. 12 SECTION OR BLOCK NO. _____

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

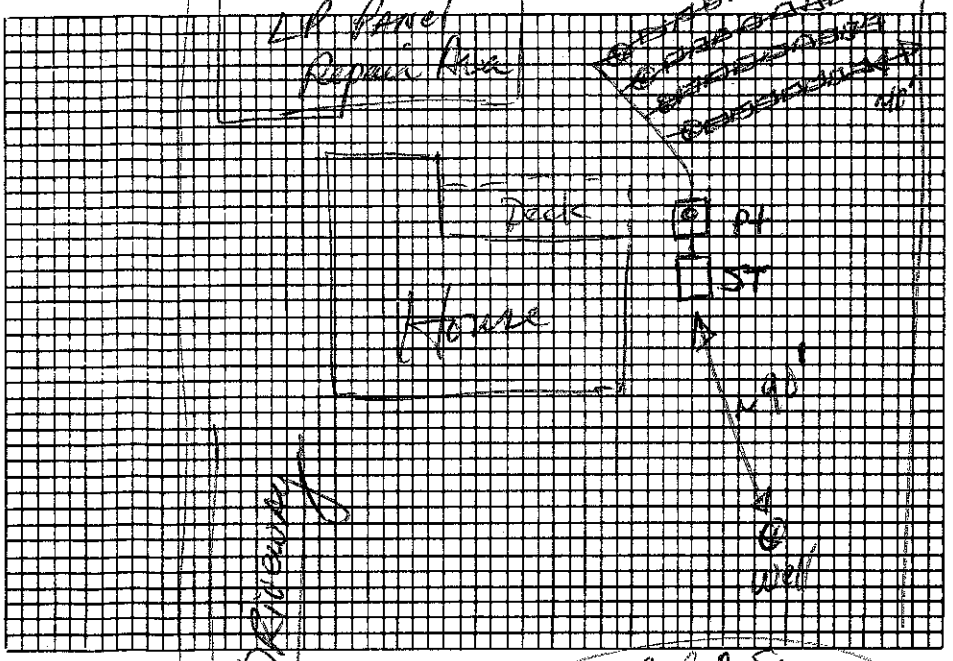
No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	fs clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	3"
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	rolling
Site ~~Suitable~~ RS	Yes ( )	No ( )	Depth to Water Table	4'+
			Rock or other impervious formations	none obs.

Lot Area ½ AC.

1500 p.T.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System Cul D Sac

IMPROVEMENTS PERMIT BY SCT

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. _____ Linear Ft. 200'
Depth of Stone in Lines 16" ✓ panels previously placed

Water Supply: Individual (✓)
Public ( )

Installed by Dobson

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

Signed: _____

COMMENTS: Alarm tested and functioning but not permanently mounted. ✓

Operation permit

CERTIFICATE OF COMPLETION BY D. R. Hinson, EHS DATE 11-9-90

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