11556

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 Kenneth W. Smith DATE June 4, 1990 PERMIT NO. 2A - 6 - A - 7

PHONE: Business _____ Home _____

LOCATION 1155 TR Langtree TR into Carson's Place

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 (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site ~~Suitable~~ PS	Yes ( )	No ( )	

Character & Porosity of Soil Rear of Property PS clay

Percolation Rate n.o. 3

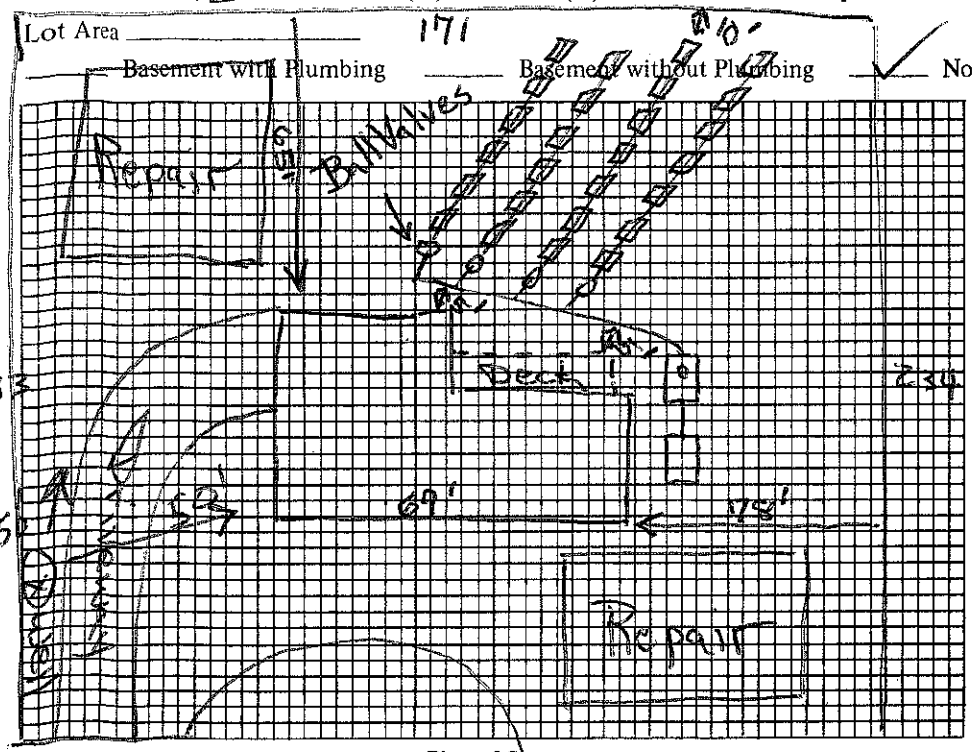
Topography 5-10% + 3'

Depth to Water Table _____

Rock or other impervious formations none obs.

Lot Area _____ 171

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

1250 PT

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. _____ Linear Ft. 200
Depth of Stone in Lines _____

Water Supply: Individual (✓)
Public ( )

46 Panels

Installed by _____

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

Signed: Kenneth W Smith

IMPROVEMENTS PERMIT BY Sam Ingram EHS

COMMENTS: 20 gpm Pump 14' TDH 1-5/32" per panel
Approximately 80' Schedule 40 2" Supply Line
1¼" Laterals

CERTIFICATE OF COMPLETION BY _____ DATE _____

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