16068

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR HAROLD E. ABERNATHY DATE 4-7-93 PERMIT NO. 2A-6-A-S

PHONE: Business 704 399 3582 Home 704 537 3818

LOCATION CARSONS PLACE SBDVN ON N/S OF LANGTREE RD WEST OF I-77

S.R. No. _____

SUBDIVISION NAME CARSON'S PLACE LOT NO. 10 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 ☐

Lot Area 20,000SQ'

Soil Characteristics PS

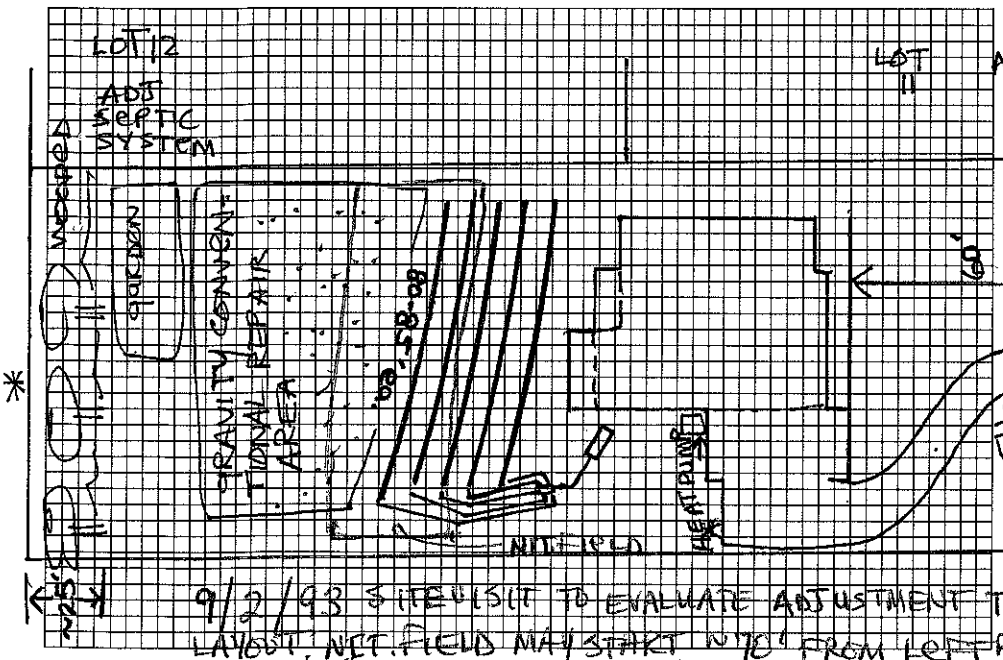
Application Rate 0.3

Topography S (<15%), & PS (>15% & <30%)

Depth to Water Table S > 48"

Rock or other impervious formations S > 40"

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



Plot of System (Not to Scale)

Size of Tank 1250 7-7-93 STO 797 1500 gal. Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 1200 Linear Ft. 400' (+)

Depth of Stone in Lines (6" UNDER) TOTAL 12"

Water Supply: Individual ☒ Public ☐

44' TANK TO BOX

Installed by _____

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

Signed Harold E. Abernathy

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

9/2/93 SITE VISIT TO EVALUATE ADJUSTMENT TO LAYOUT. NET. FIELD MAY START NO' FROM LEFT REAR (*) OF HOUSE TO ALLOW FOR POOL AT RIGHT REAR OF HOUSE. 15' SETBACK POOL TO SYSTEM.

IMPROVEMENT PERMIT BY Andrea Lemon, RS

COMMENTS DO NOT INSTALL UNDER WET SOIL CONDITIONS OR RAIN, MAXIMU TRENCH BOTTOM DEPTH 24". MEASURE SLOPE AND FOLLOW CONTOUR IF DIFFERENT FROM DIAGRAM, CALL TO NOTIFY OF SUCH. DIVERT HEAT PUMP DISCHARGE AND ROOF RUNOFF AWAY FROM ALL PARTS OF SEPTIC SYSTEM. *LOTS AT REAR, FRONT TO RAIN LANE & HAVE WELL PLACEMENT ON REAR OF THOSE LOTS-WOODED AREA NOT DESIGNATED FOR INSTALLATION.

CERTIFICATE OF COMPLETION BY Andrea Lemon DATE 9-8-93

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 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