IREDELL COUNTY HEALTH DEPARTMENT

P/NH 4645 23 8407

13679 IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Ellison McCrary DATE Dec 2, '92 PERMIT NO. 2A646

PHONE: Business _____ Home _____

LOCATION 45 S. TR 1102 (Langtree) TR into Carson's Place on left where street "T's" S.R. No. _____

SUBDIVISION NAME Carson's Place LOT NO. 11 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 3½

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 20,000 ft² +

Soil Characteristics shallow PS clay

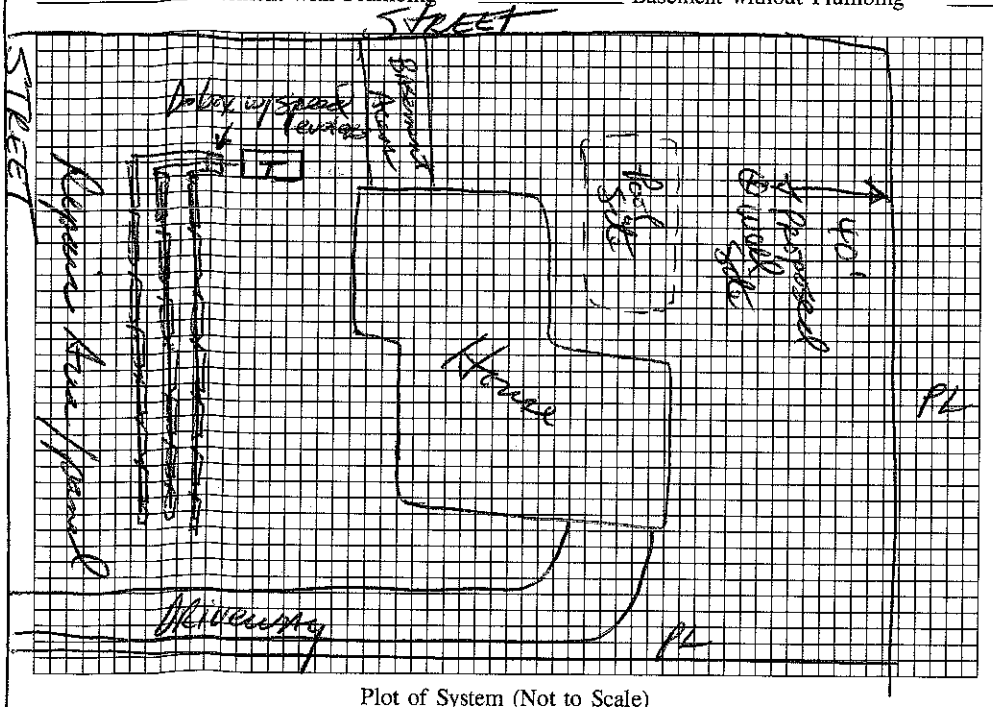
Application Rate 0.3

Topography 2-4%

Depth to Water Table 7 4'

Rock or other impervious formations None obs.

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



Plot of System (Not to Scale)

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 270' of

Depth of Stone in Lines 16" PPBS

Water Supply: Individual ☑ Gravity

Public ☐

Installed by Walter Barton

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 well not installed

CERTIFICATE OF COMPLETION BY DR Hinson, RS DATE 12/2/92

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