13679

2/1/30

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 Ellison McCrary DATE Nov. 12, '91 PERMIT NO. 2A-6-A-6

PHONE: Business _____ Home _____

LOCATION 115 S. TR 1102 (Longtree) TR into Carsons Place on left near end 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 ( )

Site ~~Suitable~~ PS Yes (✓) No ( )

Lot Area 20,000 ft²+

Character & Porosity of Soil Shallow ps clay

Percolation Rate 2.3

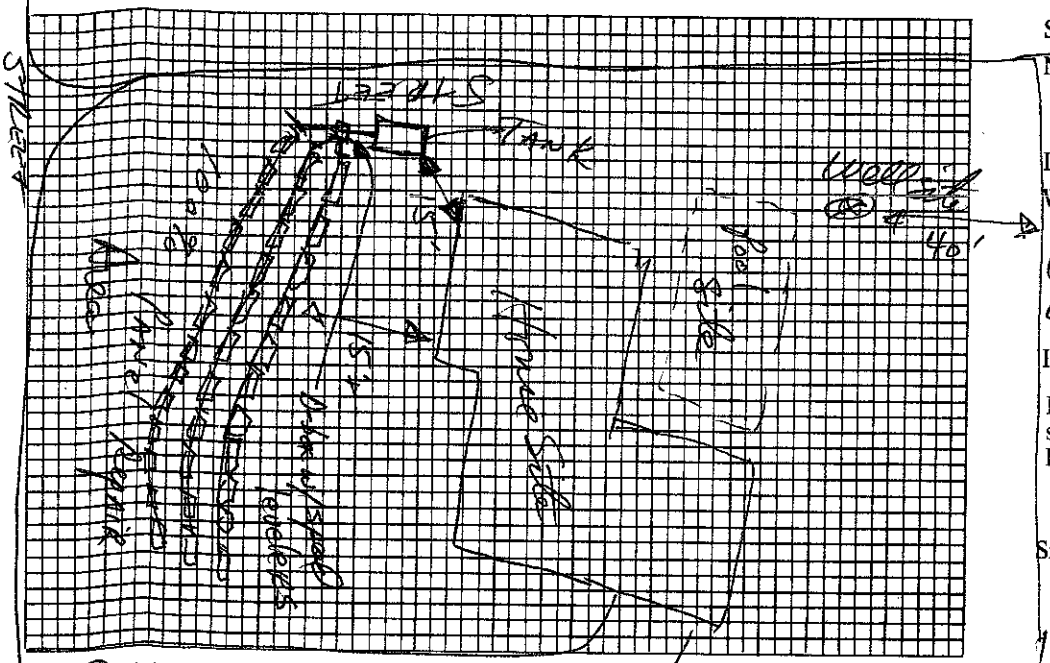
Topography rolling

Depth to Water Table 4'+

Rock or other impervious formations Saprolite 30"+

WASHER IN BASEMENT - to pump up to main level plans.

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 270'

Depth of Stone in Lines 16" panel block

Water Supply: Individual (✓) Public ( )

Installed by _____

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

Signed: Ellison McCrary

IMPROVEMENTS PERMIT BY David R. Hinson, RS

COMMENTS: Maximum trench bottom depth of 30" on all panel lines. Follow contour.

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