14191

IREDELL COUNTY HEALTH DEPARTMENT

P/N# 4645-23-9484

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Tom Damisi DATE June 23, '94 PERMIT NO. 2A-6-A16

PHONE: Business _____ Home _____

LOCATION 115 S. TR 1102 TR into Carson's Place at end on right S.R. No. _____

SUBDIVISION NAME Carson's Place LOT NO. 20 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area .8 Ac

Soil Characteristics ps clay

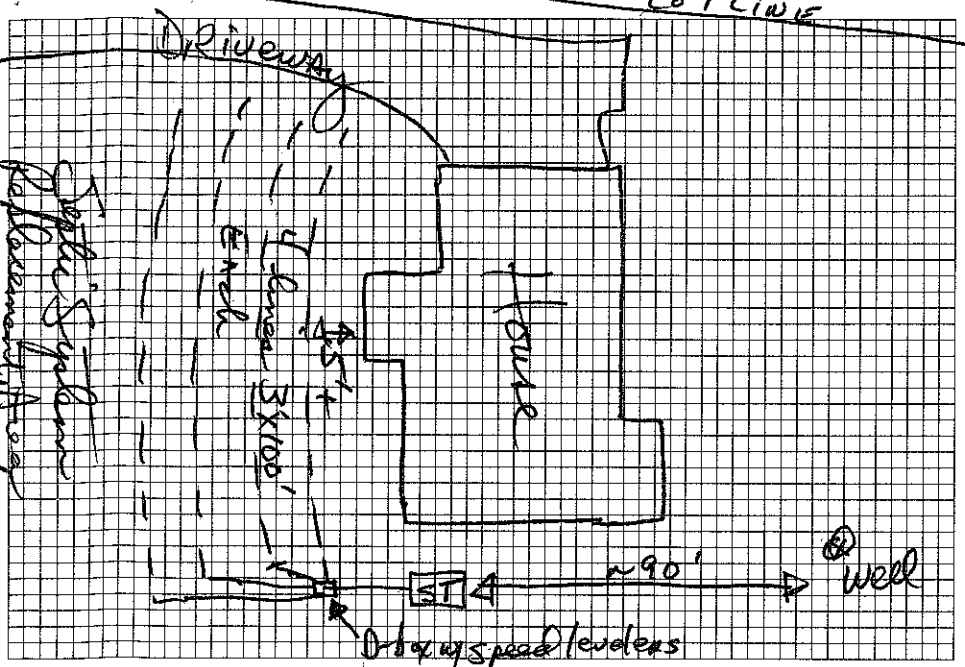
Application Rate lr. 3

Topography 4%

Depth to Water Table 6'+

Rock or other impervious formations NONE OBS. other than some small spots of scattered rock

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



Plot of System (Not to Scale)

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Kenny Williams

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 _____

COMMENTS Beginning of drainfield deeper than 30" but soil looked OK. DRH

CERTIFICATE OF COMPLETION BY D R Hinson RS. DATE 6/23/92

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