IREDELL COUNTY HEALTH DEPARTMENT

11323

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C) 4645 23 9758

OWNER OR CONTRACTOR Mark Shumaker DATE Nov. 9, '90 PERMIT NO. IA-6-A-12

PHONE: Business _____ Home _____

LOCATION 115 S. TR 1102 (Longtree) TR into Carson's Place
At end Bear Right on left 125 LAWRENCE TREE LN. S. R. No. _____

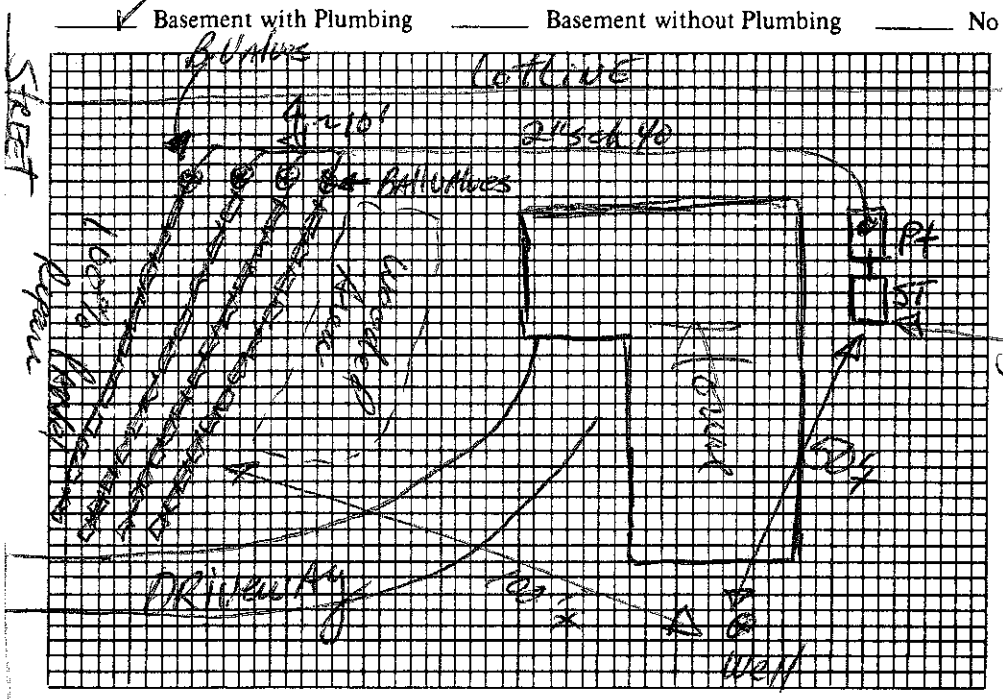
SUBDIVISION NAME Carson's Place LOT NO. 16 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 3½

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	ps clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	2.3	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	rolling	
Site ~~Suitable~~ ps	Yes (✓)	No ( )	Depth to Water Table	4'	
Lot Area ½ Acre			Rock or other impervious formations	none obs.	

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

1500 pt.
Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. _____ Linear Ft. 4 270' ea
Depth of Stone in Lines 16" bot
Water Supply: Individual (✓) panels previously closed
Public ( )

Installed by Atkinson

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

Signed: _____

IMPROVEMENTS PERMIT BY SC

COMMENTS: Alarm not permanently mounted, but tested & functioning.

Operation permit

CERTIFICATE OF COMPLETION BY [signature], EHS DATE 11-9-90

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