11323

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 Mark Shumaker DATE April 4, 1990 PERMIT NO. 3A-6-A-12

PHONE: Business _____ Home _____

LOCATION Langtree TR Carson's Place

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 ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ PS Yes (✓) No ( )

Character & Porosity of Soil clay

Percolation Rate .3 gpd/ft²

Topography 1-5%

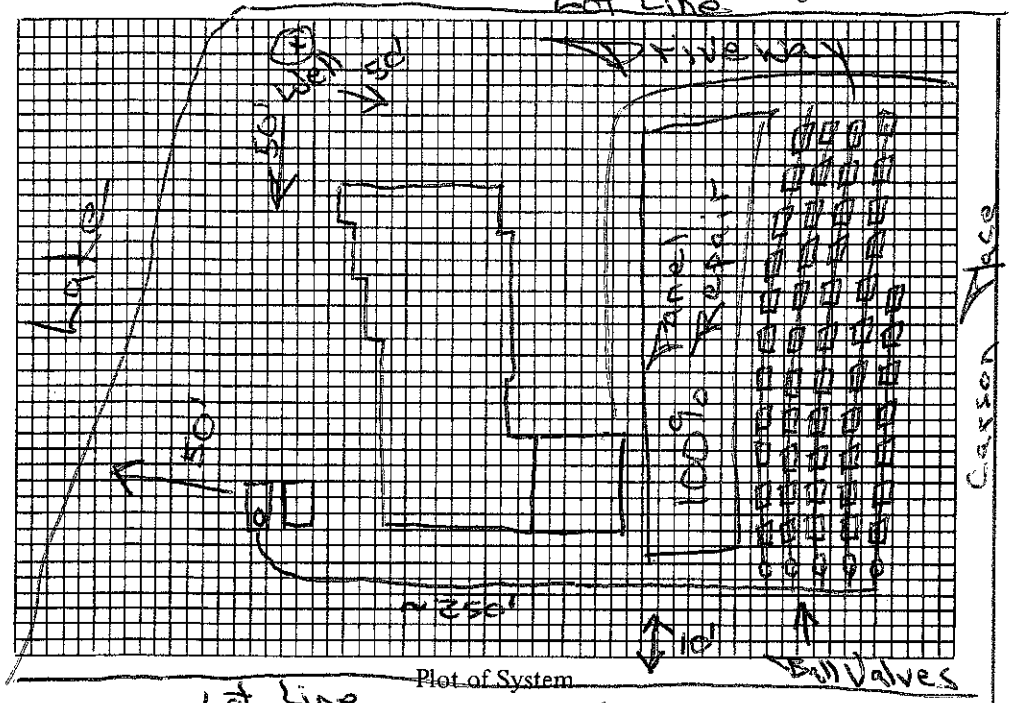
Depth to Water Table + 3'

Rock or other impervious formations none obs.

Lot Area _____

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement

PT 1500



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. _____ Linear Ft. 266'

Depth of Stone in Lines 16" TnT

Water Supply: Individual (✓) Panel

Public ( )

61 Panels

Installed by _____

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

Signed: [signature]

IMPROVEMENTS PERMIT BY Sam Ingram E.H.S.

COMMENTS: 25 gpm / 27' TDH Supply Line ~250' Sch 40 2" 1 5/32" Hole per panel Short 26' Line should be highest Line Upper Line should be kept as close to Front of lot as possible and on contour to give maximum repair space below original installation.

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