IREDELL COUNTY HEALTH DEPARTMENT

15671

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Jack A. Henriquez DATE Jan. 13, '92 PERMIT NO. 2A-6-A-13

PHONE: Business _____ Home _____

LOCATION 115 S. TR 1102 (Langtree) TR into Carson's Place Bear right at lake on left next to last lot S.R. No. _____

SUBDIVISION NAME Carson's Place LOT NO. 17 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit Yes ☐ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~ 3/4 Ac.

Soil Characteristics ps clay

Application Rate .3 gal/ft²/day

Topography ~ 4% Sl. complex

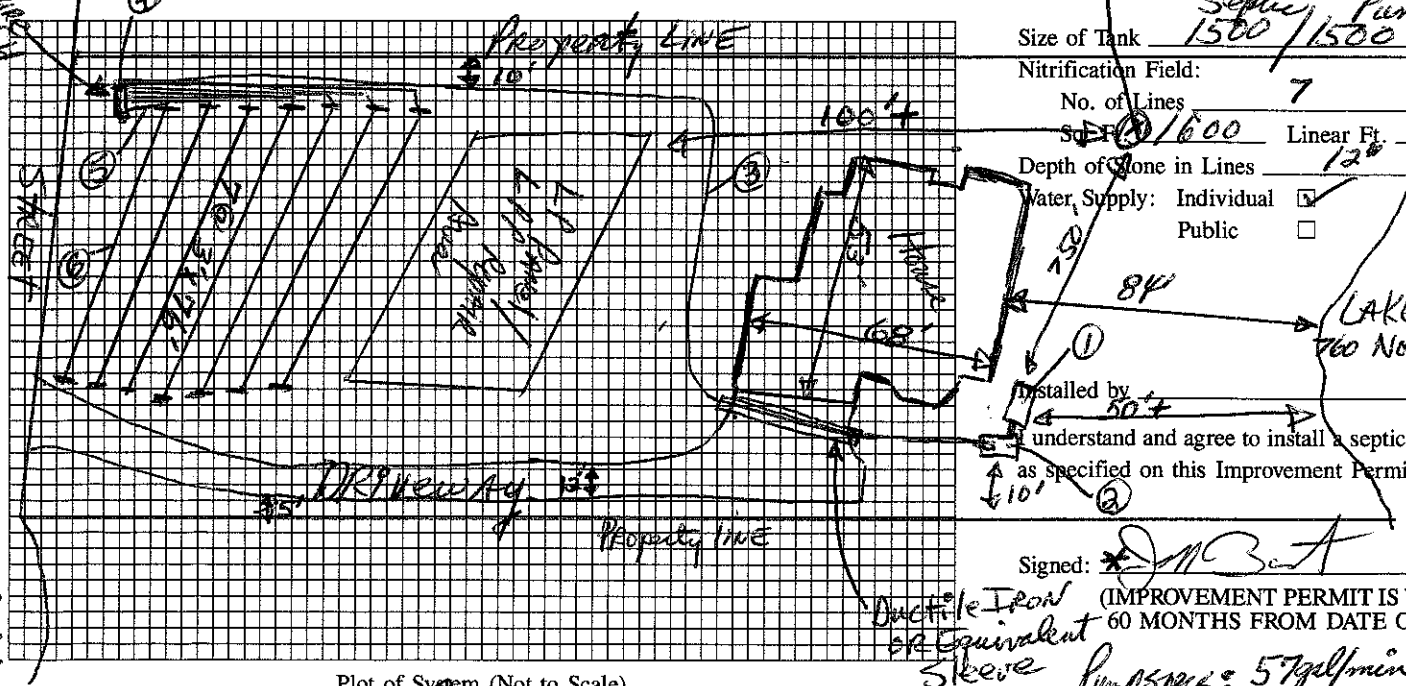
Depth to Water Table > 4'

Rock or other impervious formations none obs.

Proposed Wellsite

Pressure Manifold

④ Basement with Plumbing _____ Basement without Plumbing _____ No Basement _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank Septic 1500 / Pump 1500 Gals.

Nitrification Field:

No. of Lines 7

Sq. Ft. 1600 Linear Ft. 534

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

84'

LAKE 760 NORMAN

①

50'±

②

10'

Installed by _____

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.)

Pump specs: 57 gal/min at Approx. 27' head

IMPROVEMENT PERMIT BY Janice R. Hanson, RS

COMMENTS ① Septic TANK; ② Pump tank w/ Access Risers; & precast or man-made box/tank. ③ 3" sch 40 pump line; ④ 4" sch 80 PRESSURE MANIFOLD with ½" sch 40 taps 6" apart - total length of pvc 6'; ⑤ 3" sch 40 between ½" taps and turned 1' into 4" corrugated in each trench; ⑥ 3' wide conventional laterals 76' long each. *Septic tank contractor to have consultation w/ ME prior to installing system. NCR

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 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