IREDELL COUNTY HEALTH DEPARTMENT

4645 32 1336

11657

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

OWNER OR CONTRACTOR David McKnight DATE March 12, '91 PERMIT NO 2A-6-A-15

PHONE: Business _____ Home _____

LOCATION 115 S. TR 1102 (Langtree) Rt into Carson's Place
bear Right at Lake on Right in Cul-d-Sac S. R. No. _____

SUBDIVISION NAME Carson's Place LOT NO. 19 SECTION OR BLOCK NO. _____

134 LAWRENCE TEE LN

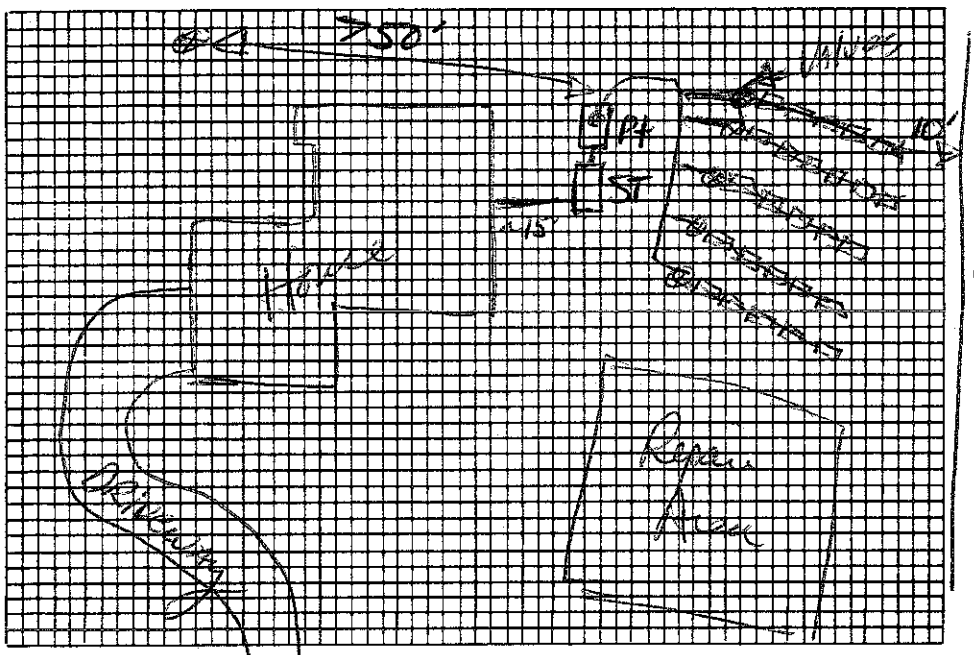
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 2½

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	44	
			Rock or other impervious formations	none obs.	

Lot Area 1.708 Ac

_____ Basement with Plumbing ___✓___ Basement without Plumbing _____ No Basement



Plot of System

1500 pt.

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 5
Sq. Ft. _____ Linear Ft. 270' of
Depth of Stone in Lines 16" & 24"
Water Supply: Individual (✓) ponds
Public ( )

Installed by Wayne Allison

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

Signed: _____

IMPROVEMENTS PERMIT BY DRA Cul-d-Sac

COMMENTS: _____

Operation permit

CERTIFICATE OF COMPLETION BY [signature], EHC DATE March 12, '91

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