IREDELL COUNTY HEALTH DEPARTMENT

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 June 27 '90 PERMIT NO. 2A6-A-15

PHONE: Business _____ Home _____

LOCATION 115 S. TR 1102 (Langtree) TR into Carson's Place at Lake Bear Right & end on Right S. R. No. _____

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

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

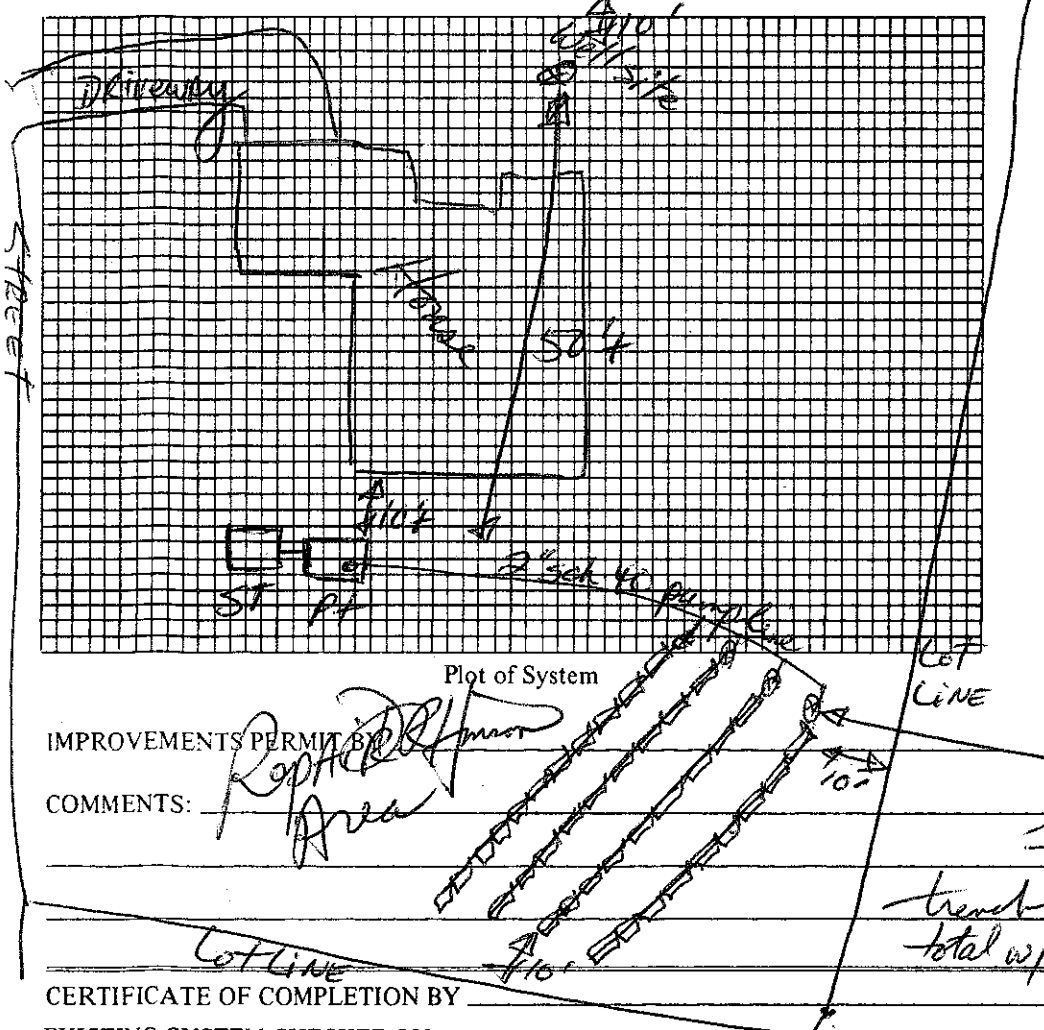
No. Bedrooms 4 No. Bathrooms 2½

Garbage Disposal Unit	Yes (✓)	No ( )	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site ~~Suitable~~ PS	Yes (✓)	No ( )	

Character & Porosity of Soil PS clay
Percolation Rate Lt. 3
Topography rolling
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Lot Area 1.708 AC

____ Basement with Plumbing ____ Basement without Plumbing ✓ (Partial) ____ No Basement



Plot of System

1500 p.t.
Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. _____ Linear Ft. 270' of 16" trench
Depth of Stone in Lines 16" to 30"
Water Supply: Individual (✓) panels pressure dosed
Public ( )

Installed by _____

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

Signed: ✗ David McKnight

pump specs: 26 gal per min
At Approx. 18' TDH

IMPROVEMENTS PERMIT BY Ralph Johnson

COMMENTS: Area

Ball valves

Follow contour. Maximum trench bottom depth of 30". 62 panels total w/ ONE 5/32" hole per panel. 2' pit

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