Mgmt Donna Current 1-97

14904

IREDELL COUNTY HEALTH DEPARTMENT

4645 33 1654

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Larry Chulo DATE Feb 11, '93 PERMIT NO. 2A-6A-14

PHONE: Business _____ Home _____

LOCATION 115 S. TR 1102 TR into Carsons Place 2nd right at Lake at end on left 129 LAWRENCE TEER RD. S.R. No. _____

SUBDIVISION NAME Carson's Place LOT NO. 18 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ▶ 20,000 ft²

Soil Characteristics psilty

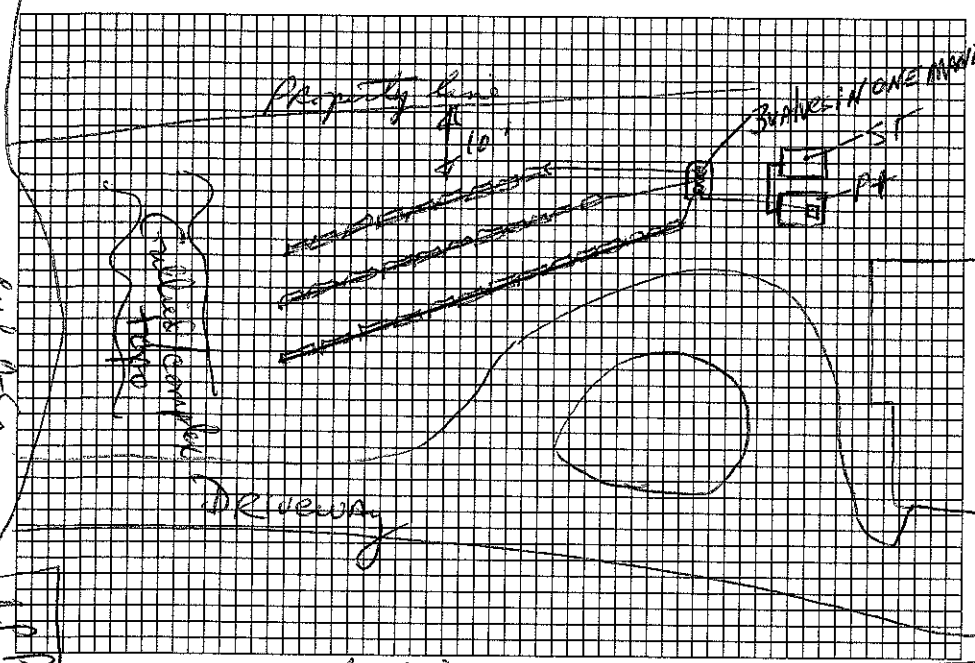
Application Rate .3

Topography 2-6% sl. complex

Depth to Water Table 7'4"

Rock or other impervious formations None obs.

✓ Basement with Plumbing (owner/builder set pumps also in basement to main level) _____ Basement without Plumbing _____ No Basement _____ Crawl Space



Size of Tank 1000 / 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 200' of

Depth of Stone in Lines 16" PPBPS

Water Supply: Individual ☑ Public ☐

Installed by Walter Barton

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.)

IMPROVEMENT PERMIT BY _____

COMMENTS _____

Operation permit

CERTIFICATE OF COMPLETION BY _____ DATE 2/11/93

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