1153

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 Keith S. Carpenter DATE 5/4/89 ~~PERMIT NO.~~ 22A

PHONE: Business ______ Home 664-1121

LOCATION N. Main St. On L. across from Custom Products
3rd lot on Left in Carpenter Acres S. R. No. ______

SUBDIVISION NAME Carpenter Acres LOT NO. 3 SECTION OR BLOCK NO. ______
IN-10-A-3

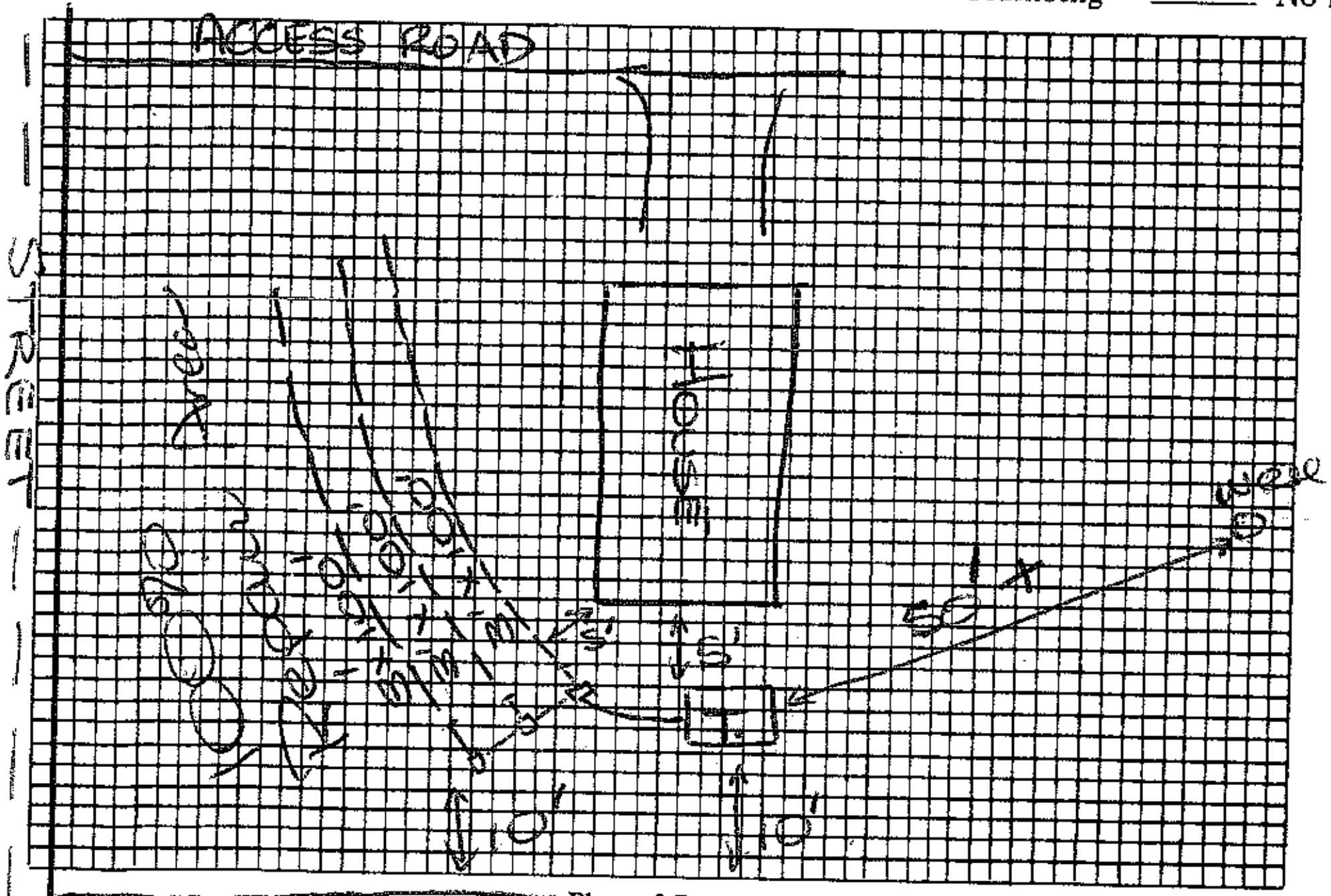
House (✓) Mobile Home ( ) Business ( ) Other ______

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.4 gpd/ft²
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	8%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'+
			Rock or other impervious formations	none obs.

Lot Area 1.2154 A.

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by ______

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

Signed Peggy Carpenter

IMPROVEMENTS PERMIT BY Andre C. Pierce

COMMENTS: Install system at a shallow depth 30" max. to ditch bottom. Keeps lines level and ON CONTOUR.

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