4677170682

# 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 7/27/89 PERMIT NO. IN-10-A-3

PHONE: Business _____ Home 664-1121

LOCATION N. Mn. St. On L. across from Custom Products, 4th lot on left

S. R. No. _____

SUBDIVISION NAME Carpenter Acres LOT NO. 4 SECTION OR BLOCK NO. _____

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

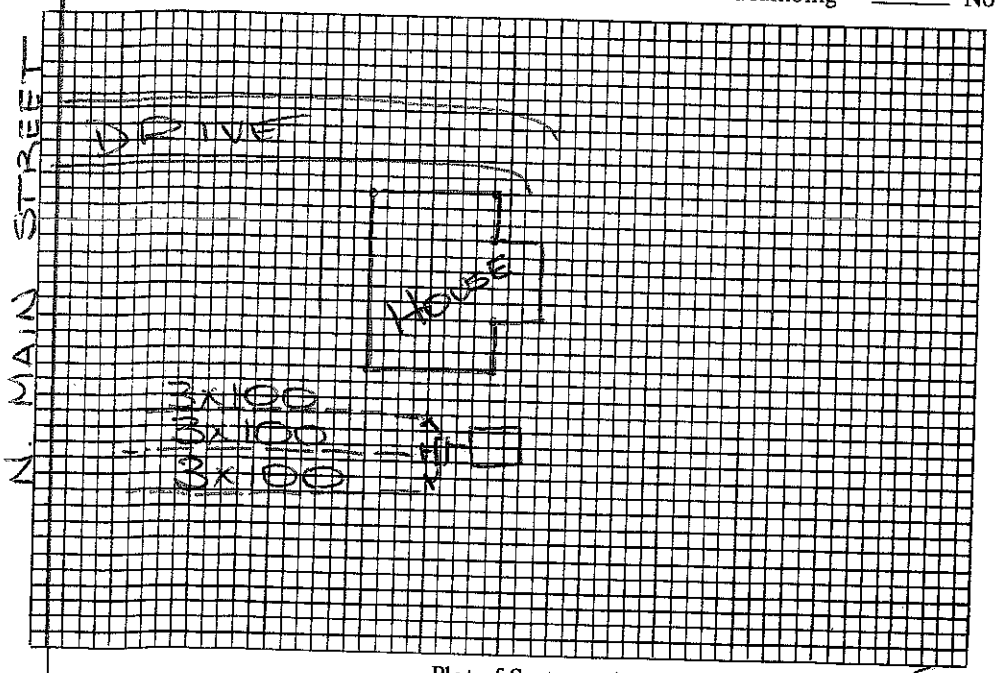
No. Bedrooms 3 No. Bathrooms 2

| | | |
|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) |
| Auto. Dishwasher | Yes (✓) | No ( ) |
| Auto. Wash. Machine | Yes (✓) | No ( ) |
| Site Suitable | Yes (✓) | No ( ) |

Character & Porosity of Soil Clayey
Percolation Rate 4 gpd / Ft²
Topography Rolling
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area 40000 ft²+

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement




Plot of System NOT TO SCALE

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 George Kirkpatrick
Rowan Septic System
I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Andrew C. Pierce, R.S.

COMMENTS: Watershed area

CERTIFICATE OF COMPLETION BY Andrew C. Pierce, R.S. DATE July 27, 1989

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