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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Bobby & Lisa Carver DATE 2/6/92 PERMIT NO. Part of 4/C-C-9

PHONE: Business _____ Home _____

LOCATION 801 N TL on Triplett Rd, X RR ~ 1/4 mile on Left, Left fork of drive to house in field S.R. No. _____

SUBDIVISION NAME N/A LOT NO. N/A 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 ☐

Lot Area 3 AC tract

Soil Characteristics P - C/SC (SF - SBK)

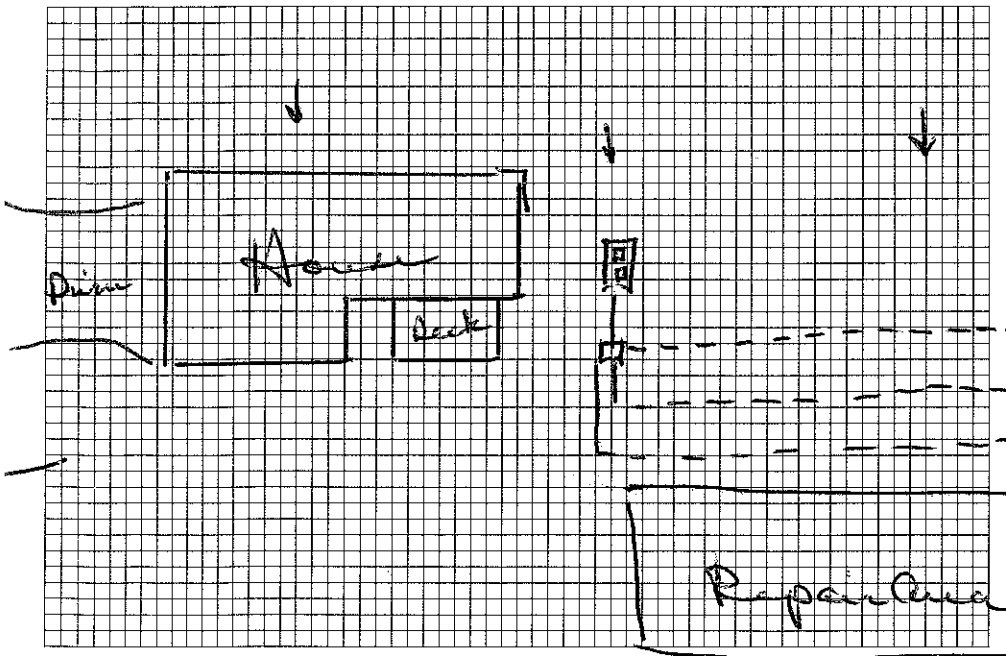
Application Rate 4

Topography 4%

Depth to Water Table > 48"

Rock or other impervious formations None observed

_____ Basement with Plumbing Triplett Rd. _____ Basement without Plumbing _____ No Basement ✓ Crawl Space



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 ☑ Ex well on property to (R) of house

Public ☐

Installed by Larry Beam

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 D box with speed leveler

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 2/6/92

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

13731

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 Bobby & Lisa Carver DATE Nov. 21, '91 PERMIT NO. part of 4C-C-9

PHONE: Business _____ Home _____

LOCATION 801 N. to 2362 (Triplett Rd.) X RR ~¼ mile on left 300' + off road S. R. No. _____

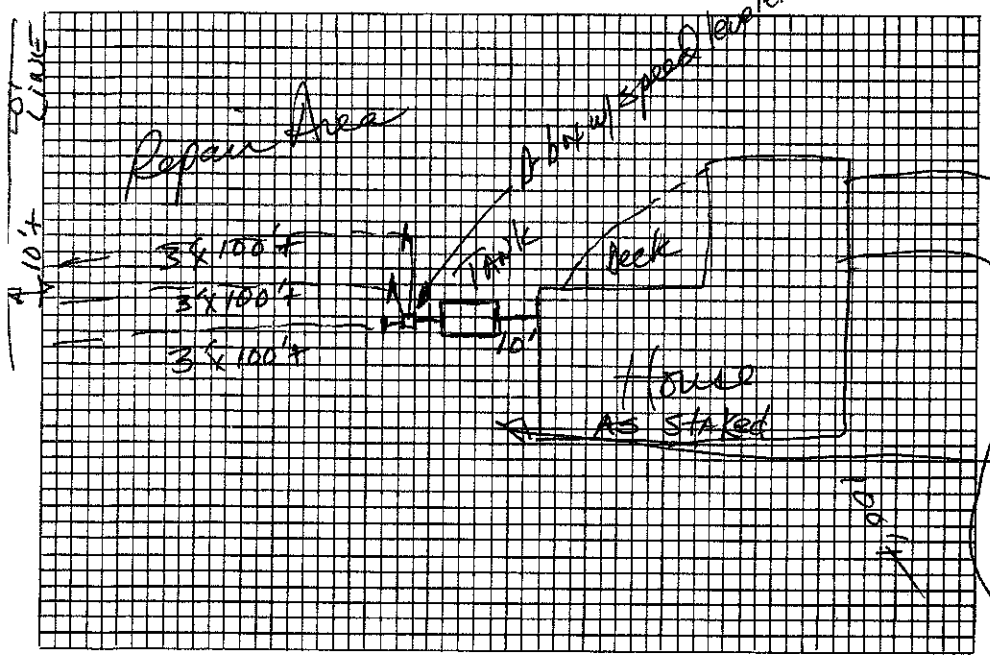
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	PS clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	4
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	~4% to 4'+
Site ~~Suitable~~ PS	Yes (✓)	No ( )	Depth to Water Table	
Lot Area 5 Ac			Rock or other impervious formations	none obs.

_____ Basement with Plumbing _____ Basement without Plumbing PS _✓_ No Basement



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 (✓) Ex well on adjacent property

Public ( )

Installed by _____

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

Signed: Bobby Carver

IMPROVEMENTS PERMIT BY David R. Hinson, RS.

COMMENTS: Follow contour with drainfield. Install trenches at 36" trench bottom depth.

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