4750-88-9410

15259

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Carson Ventures Inc. DATE 11/20/92 PERMIT NO. 46-4-A-11

PHONE: Business 845-8824 Home

LOCATION Overcash Rd., TL off Shinault Rd.

S.R. No.

SUBDIVISION NAME Pleasant Run LOT NO. 11 SECTION OR BLOCK NO. 1

House ☐ Mobile Home ☑ (MOBILAR) Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~ .86 AC

Soil Characteristics P - SL/C

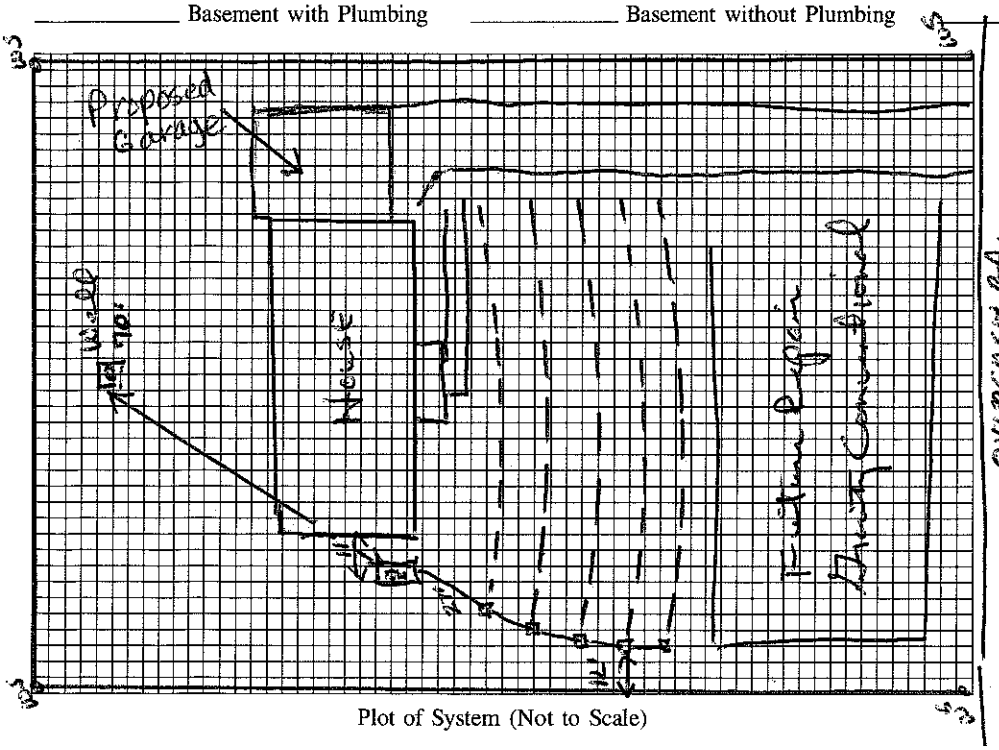
Application Rate P - .3 (SF, SP, SS, SBR)

Topography P - 3%

Depth to Water Table S > 48"

Rock or other impervious formations S - None observed

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 5 @ 80' x 3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by J C's Backhoe Svcs.

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

The proposed / ~~existing~~ Attached Garage addition does not appear to impact the existing septic system.

**NOTE:

Judy Melville R.S.

Date: 7-13-12

ICHD-Environmental Health Division

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 11/20/92

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