12457

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Scott Waldon DATE June 23, '92 PERMIT NO. 2E-1-A-108

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 (Chuckwood) TR 1458 (Barber Loop) 1.1 miles on left

S.R. No. _____

SUBDIVISION NAME Crescent / Lake Norman LOT NO. 108 SECTION OR BLOCK NO. 7

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2-3

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ½ Ac +

Soil Characteristics Shallow PS Clay

Application Rate .4 to 30" / .3 36"+

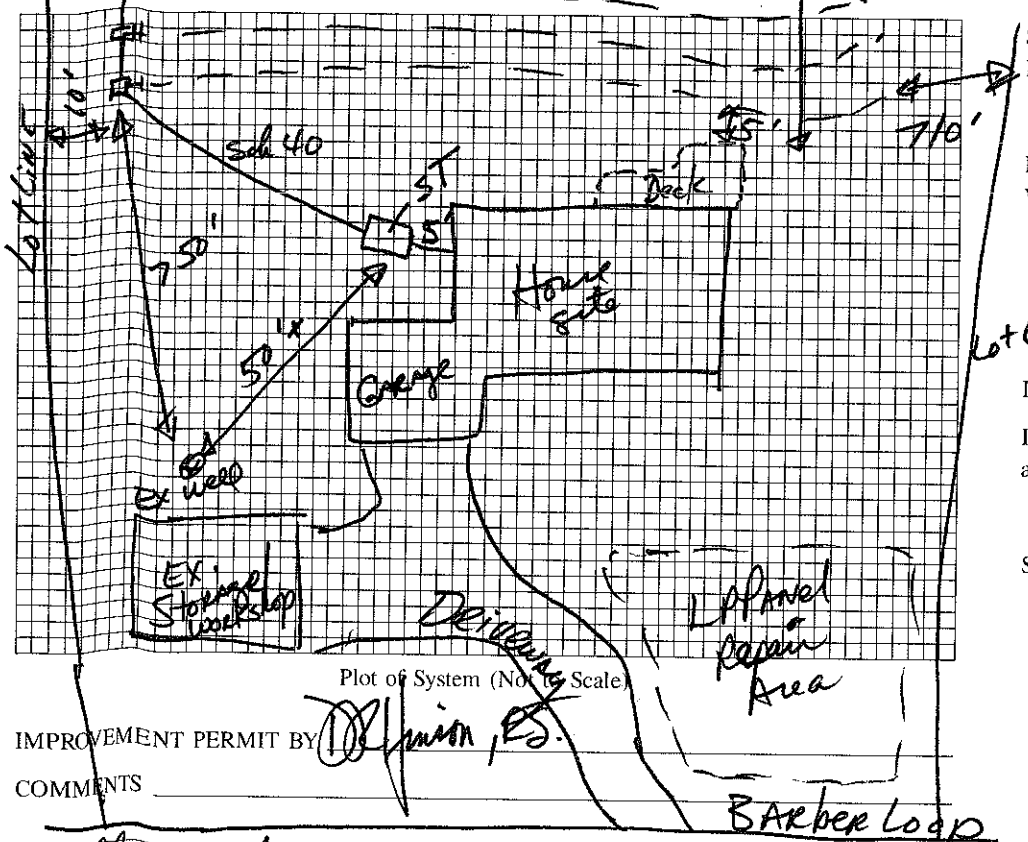
Topography 10-15%

Depth to Water Table > 4'

Rock of other impervious formations NONE OBS.

Drop Boxes

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



Plot of System (Not to Scale)

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☑ EXISTING Public ☐

Installed by _____

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

Signed: Jon Walden

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

This permit replaces permit issued Feb, '91

IMPROVEMENT PERMIT BY [illegible], R.S.

COMMENTS Follow contour with drainfield. 24"-30" maximum trench bottom depth. Greater depth on drainfield will lower application rate.

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 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