STB-90

15235

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Malcolm A. Clark DATE Sept. 25, '92 PERMIT NO. 2K18A1

PHONE: Business _____ Home _____

LOCATION 1100 TL 1179 on left at jct w/ TURNBERRY

S.R. No. _____

SUBDIVISION NAME St. Andrews Village LOT NO. 1 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 220,000 ft² Property lines

Soil Characteristics firm PS clay

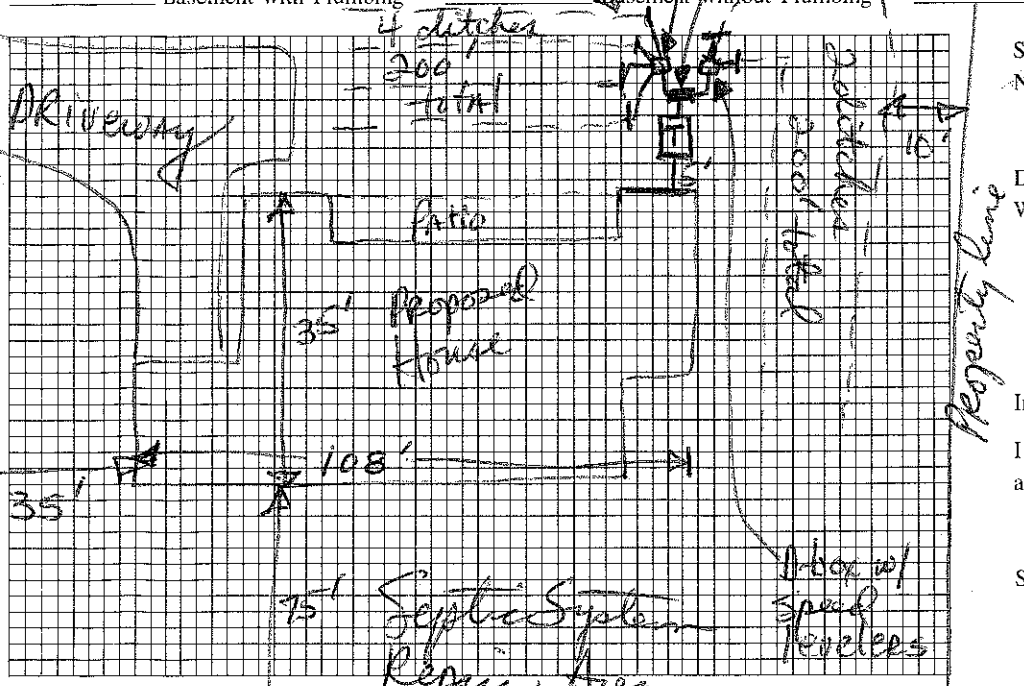
Application Rate .3 gal/ft²/day

Topography 2-4%

Depth to Water Table 74'

Rock or other impervious formations NONE 26'

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



Plot of System (Not to Scale)

Size of Tank 1250 (1500) Gals.

Nitrification Field: Flow Divider

No. of Lines 2 subfields 200' each

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑ CW

Installed by _____

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

Signed: M.A. Clark

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

IMPROVEMENT PERMIT BY D.L. Jamison IRS. Turnberry

COMMENTS Maintain 12" cover at end of nitrification lines. Beginning of lines will be slightly deeper (±24" cover)

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