15220

IREDELL COUNTY HEALTH DEPARTMENT 4636-99-9641

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Stephen R. Baker DATE 11/25/92 PERMIT NO. 2K-19-A-25

PHONE: Business _____ Home _____

LOCATION 1100 TL into Farmstead TR 1st street to ~ 6 lot on ®

S.R. No. _____

SUBDIVISION NAME Farmstead Estates LOT NO. 25 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 > 20,000 FT²

Soil Characteristics P - C

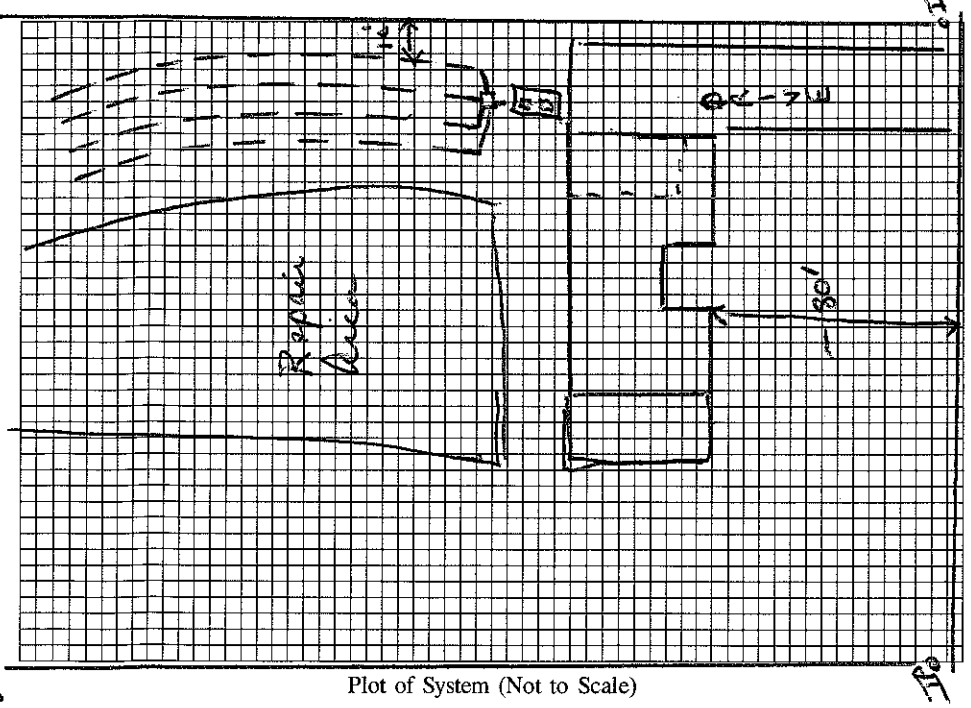
Application Rate P - .3 (F, S, P)

Topography P > 4%

Depth to Water Table ∅ - < 48 > 36

Rock or other impervious formations S - None obs.

_____ 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 4 @ 100' x 3'

Sq. Ft. 1200 Linear Ft. 1100

Depth of Stone in Lines 12

Water Supply: Individual ☑ NOT DRILLED YET

Public ☐

Installed by RB MacLeod

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 DRH

COMMENTS 1 inch depth between 24-36" ; Wet condition - raining - wet yet not water standing in trenches

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 11/25/92

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