15101

IREDELL COUNTY HEALTH DEPARTMENT

4637-08-2353

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Spear Const. Co. DATE 11/19/92 PERMIT NO. 27029

PHONE: Business _____ Home _____

LOCATION 150 W TL into Spring Acres on (R)

S.R. No. _____

SUBDIVISION NAME Spring Acres LOT NO. 29 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 108' x 190'

Soil Characteristics P

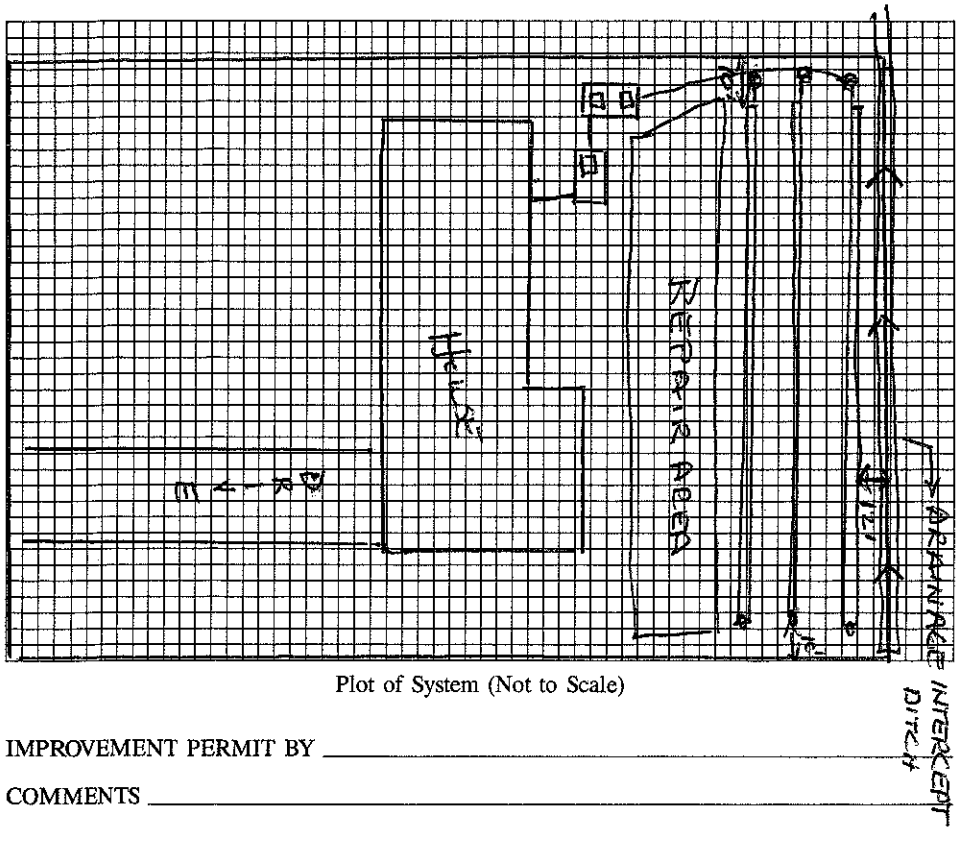
Application Rate P - .3

Topography P - 6-10%

Depth to Water Table 5 > 48"

Rock or other impervious formations 5 - None observed

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



Plot of System (Not to Scale)

Size of Tank 1000 / 1000 Gals.

Nitrification Field:

No. of Lines 3 @ 65' x 2'

Sq. Ft. _____ Linear Ft. 195 ✗

Depth of Stone in Lines ✗ 6" SAND

Water Supply: Individual ☑ NOT DRILLED YET

Public ☐

+ Pressure Panel Drainfield

Installed by Rowan Septic Tank

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 _____

✗ OPERATIONS PERMIT

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 3/2/93

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

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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Spear Const. DATE Sept. 16, '92 PERMIT NO. 2L7029

PHONE: Business _____ Home _____

LOCATION 150 W. TL into Spring Acres on right

S.R. No. _____

SUBDIVISION NAME Spring Acres LOT NO. 29 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 108 X 190'

Soil Characteristics 25 clay

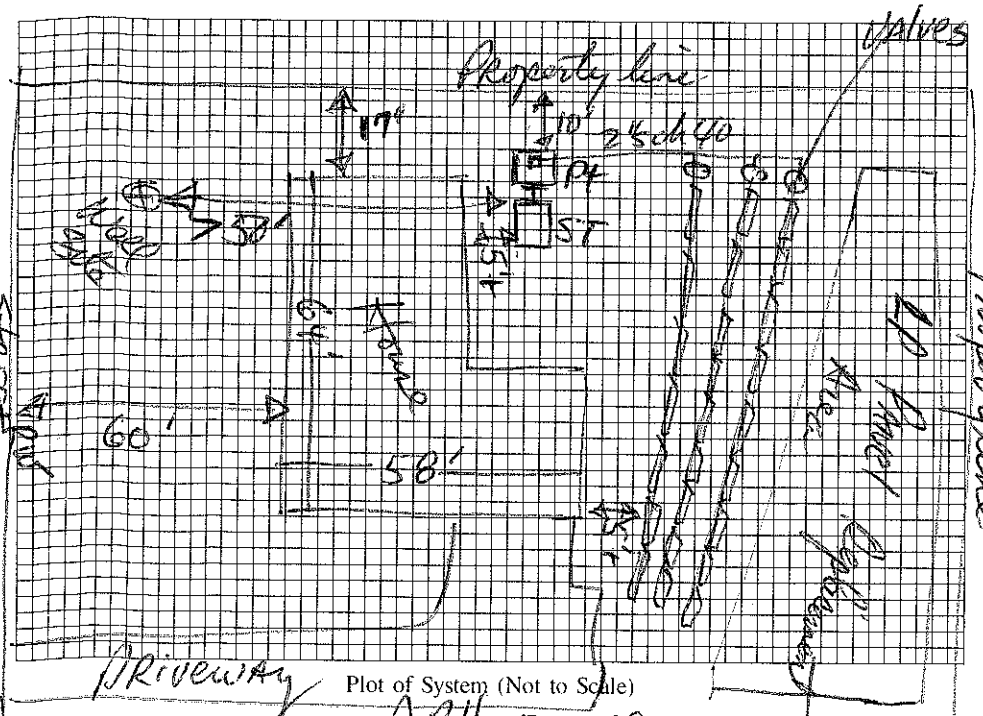
Application Rate .39 gal/ft²/day

Topography 6-16%

Depth to Water Table 7 4'

Rock or other impervious formations None obs.

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



Plot of System (Not to Scale)

Size of Tank 1000 / 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 200' of

Depth of Stone in Lines LP 16" PPBS

Water Supply: Individual ☑ Public ☐

Installed by _____

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

Signed: X _____

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

Pump Spec: 28 gal/min at Approx 22' head

IMPROVEMENT PERMIT BY _____

COMMENTS This is a type 4 Septic System and require a maintenance agreement prior to issuance of an Operations permit. 1¼" sch 40 through panels with ONE 3/16" hole per panel located Approx midway in panel and turned up. Follow contour with drainfield

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

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