14824 43757

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Vic Eagle DATE 3-12-93 PERMIT NO. 3C-7-A-65

PHONE: Business _____ Home _____

LOCATION Morrison Farm Rd. TL Apache Ln. TL on Crown Court, 1st house on L S.R. No. _____

SUBDIVISION NAME NA LOT NO. _____ SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other Repair & Additon to system

No. Bedrooms 3 No. Bathrooms 2.5

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area .75 acre

Soil Characteristics P.S.

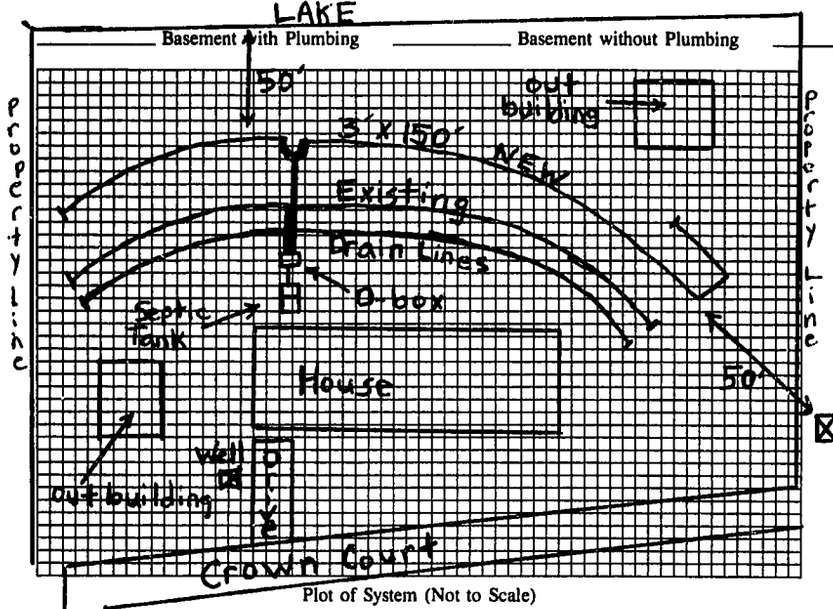
Application Rate .4 gpd/ft²

Topography 6-10% L

Depth to Water Table 75'

Rock or other impervious formations NA

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



Plot of System (Not to Scale)

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 450 Linear Ft. 150'

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Well

Public ☐

Installed by F. J. Ervin

☒ 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 Steve Brown

COMMENTS Limited to no Repair Area available. New sanitary Tee installed, new D-box installed feeding old Lines first. Mobile Home has been removed. Septic Tank is located closer than 5' to foundation.

CERTIFICATE OF COMPLETION BY Michael J. Dennis DATE 3-12-93

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