15216

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Eddie D. Allen DATE 5/19/93 PERMIT NO. 3F-1-A-136

PHONE: Business _____ Home 919-924-6719

LOCATION Neil Farm Rd, (L) off N. Perth Rd, 1.1 mile on (R) before roadway

S.R. No. _____

SUBDIVISION NAME C L & T. LOT NO. 136 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 1.71Ac.

Soil Characteristics P-51/C1

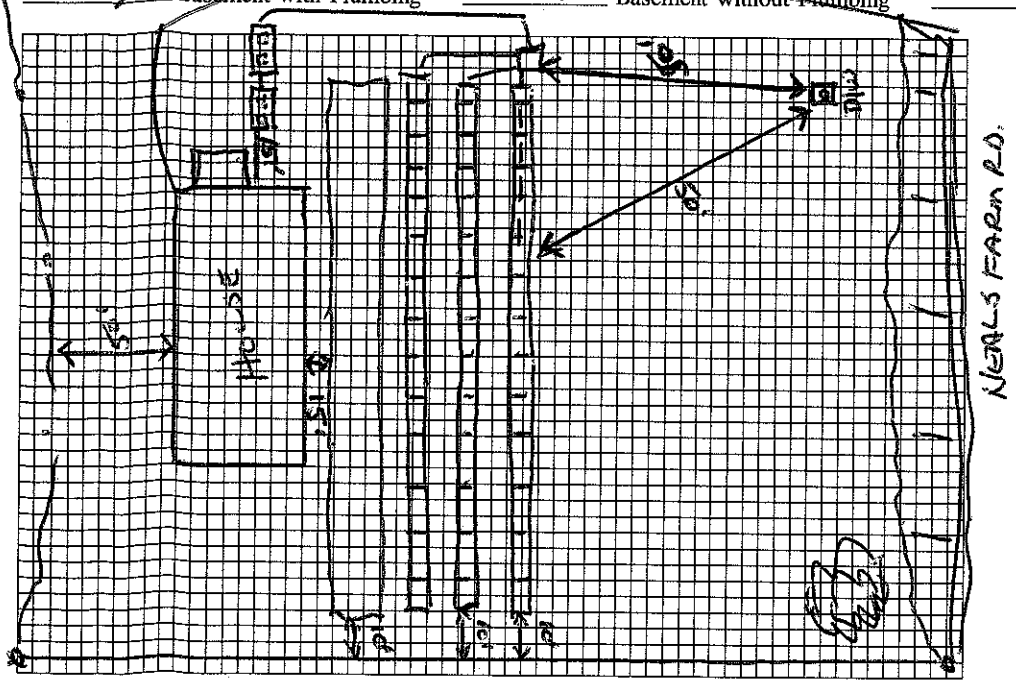
Application Rate P-.4 (WK 56K, 55)

Topography P-2 10-11%

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 30 @ 75' x 2' *

Sq. Ft. _____ Linear Ft. 210

Depth of Stone in Lines 6" SAND

Water Supply: Individual ☑

Public ☐

* 16" Prefabricated Permeable Panels

Installed by _____

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 Wesley Sparks RS.

COMMENTS 16" PPBRS OFF GRAVITY D/BOX - Keep trenches shallow no deeper 24"-36" DEEP - FLOW DIVIDERS IN B/BOX

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