IREDELL COUNTY HEALTH DEPARTMENT

16186 IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Asghar Agazi DATE April 20, '93 PERMIT NO. 2K-22-A-17

PHONE: Business ______ Home ______

LOCATION 1100 TL just past D&G MART II AT END

______ S.R. No. ______

SUBDIVISION NAME Farmstead LOT NO. 53 SECTION OR BLOCK NO. ______

House ☑ Mobile Home ☐ Business ☐ Other ______

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 20,000 ft²

Soil Characteristics ps clay

Application Rate ≈.3 gal/ft²/day

Topography ~6%

Depth to Water Table 73'

Rock or other impervious formations SOME SCATTERED ROCK

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

Size of Tank ST 1250 / PT 1250* Gals.

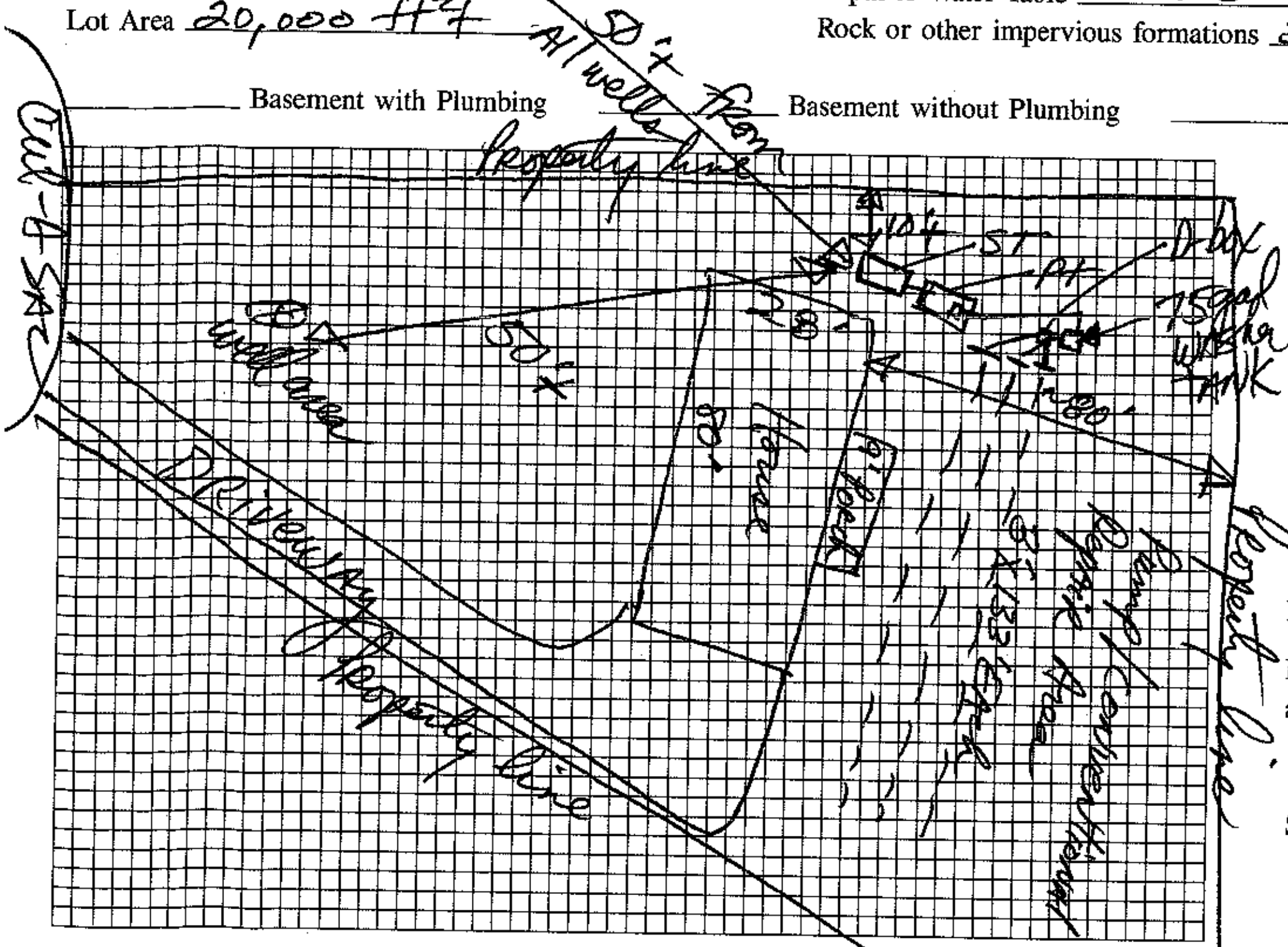
Nitrification Field:

No. of Lines 3

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐



Plot of System (Not to Scale)

Installed by ______

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

Signed: [signature]

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

IMPROVEMENT PERMIT BY Darell Hanson RS

COMMENTS *If 1250 gal pump tank is not available, set 1500 gal pump tank.
Install trenches at 24" trench bottom depth. Follow contour
Pump specs: 25 gal/min at approx. 20' total head. 200 gal/dose — 8 min cycle

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

Taylorsville tanks 1250 gal ST STB31 10-16-93
1500 PT PT 99 10-5-93