15130

4647-20-1361

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Spear Construction DATE Feb 5, '93 PERMIT NO. 2K22A28

PHONE: Business _____ Home _____

LOCATION 1100 TL into Farmstead past pond TL 1st Street at end on left S.R. No. _____

SUBDIVISION NAME Farmstead LOT NO. 64 SECTION OR BLOCK NO. 2

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 720,000ft²

Soil Characteristics ps clay

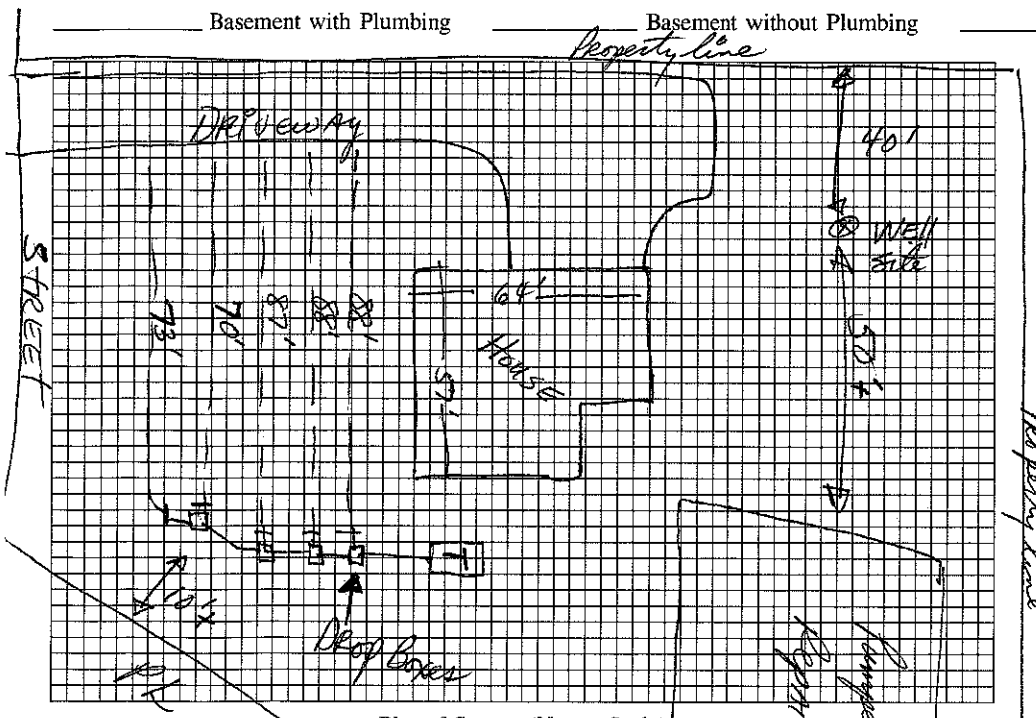
Application Rate .3

Topography ~6%

Depth to Water Table >41

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 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 1218 Linear Ft. 406

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

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 RL DRH

COMMENTS _____

CERTIFICATE OF COMPLETION BY DR Hinson, RS DATE 2/5/93

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