15279

IREDELL COUNTY HEALTH DEPARTMENT

4647-20-2273

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Shaw Construction Co. DATE March 9, '93 PERMIT NO 2K-22-A-27

PHONE: Business _____ Home _____

LOCATION 1100 TL Farmstead Lane TL Pondridge Lane at end

S.R. No. _____

SUBDIVISION NAME Farmstead LOT NO. 63 SECTION OR BLOCK NO. 2

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2 ½

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~20,000 ft²

Soil Characteristics CL clay

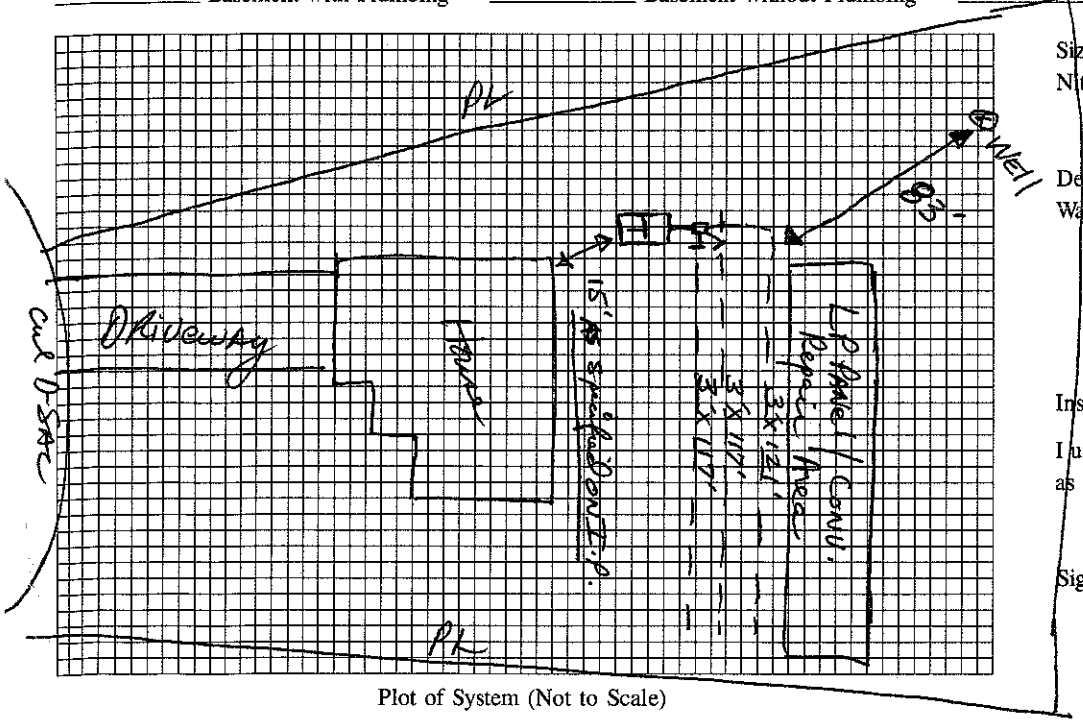
Application Rate P.V. .35 gal/sq ft/day

Topography ~2%

Depth to Water Table > 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 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1050 Linear Ft. 350+

Depth of Stone in Lines _____

Water Supply: Individual ☑ Public ☐

PL

Installed by Wes Lytton

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

COMMENTS Well was not located as shown on improvements permit. This resulted in a loss of some repair area. A future repair may have to be LPP/Wel due to the front yard having a large amount of fill soil. Any basement plumbing will require use of a pump to main level plumbing.

CERTIFICATE OF COMPLETION BY Frank R. Hanson, RS DATE 3/9/93

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