16154

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Spears Construction DATE 5-3-93 PERMIT NO. 25-7-A-14

PHONE: Business 636-7954 Home

LOCATION on North Side of Cornelius Rd 4/10 mile west of Judas Road

SUBDIVISION NAME Mills Forest S.R. No. 1302

LOT NO. 14 ~~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 20,000SQ FT

Soil Characteristics PS

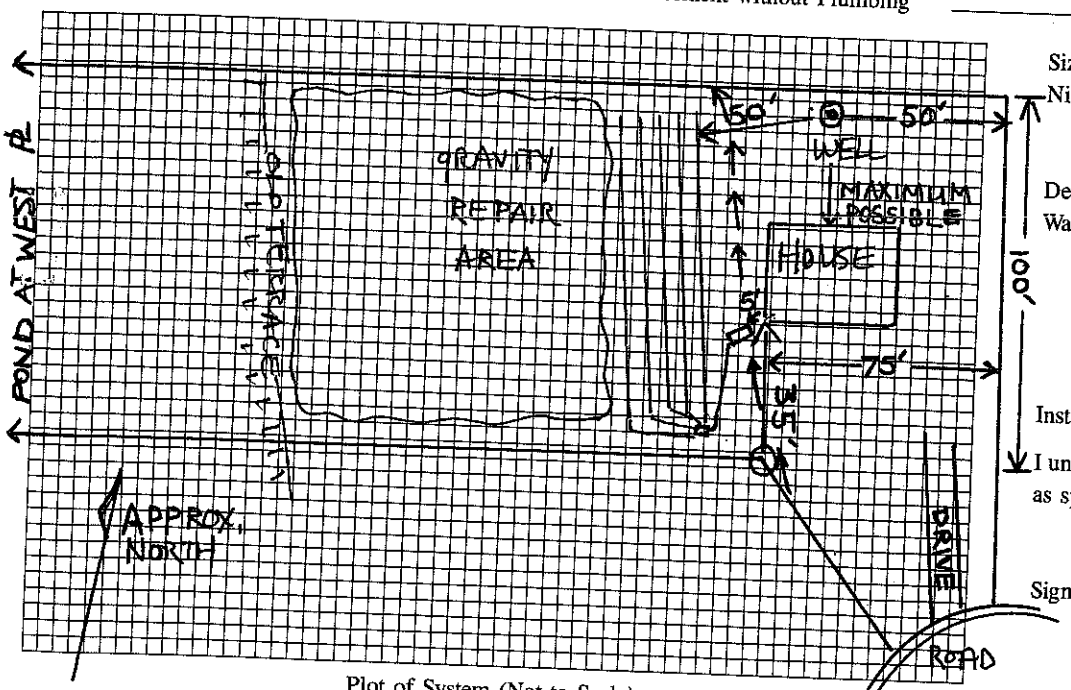
Application Rate LTAR 0.3

Topography S <15%

Depth to Water Table S >48"

Rock or other impervious formations S >40"

_____ 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 (OR 6 X 67')

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12", 6" UNDER PIPE

Water Supply: Individual ☑ Public ☐

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 Andrea Lemon, RS

COMMENTS MAXIMUM TRENCH BOTTOM DEPTH 30". DO NOT INSTALL DURING WET SOIL CONDITIONS OR RAIN. SURFACE WATER DIVERSION DITCH AND ROOF RUNOFF DIVERSION NECESSARY, OUTLET TO NORTH PL (→→).

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS DATE _____

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