16152

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Spear Construction DATE 4. 28.93 PERMIT NO. 25-A-13

PHONE: Business 636-7954 Home

LOCATION on north side of cornelius road .4 mile west of judas road

S.R. No. 1302

SUBDIVISION NAME Mills Forest LOT NO. 13 SECTION OR BLOCK NO. X

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 20,000 SQFT

Soil Characteristics PS

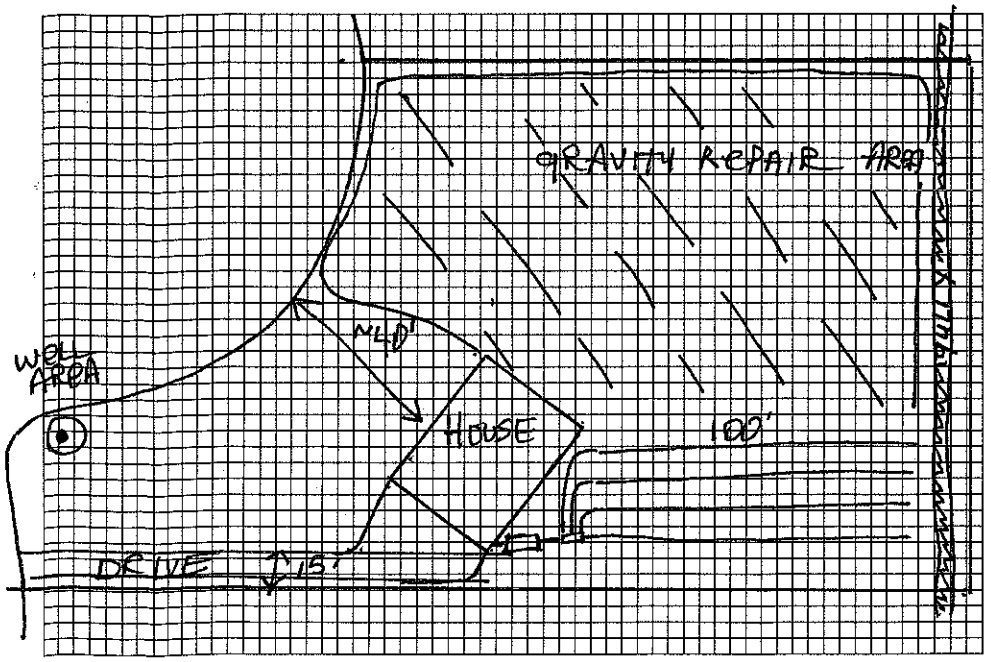
Application Rate 0.3

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

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 Do not install during wet soil conditions or rain. Maximum trench bottom depth 24". May be installed as 5-80' laterals. Contact department prior to clearing or excavation to confirm layout. Maintain 15' setback to enbankment ofgully that is at rear of lot.

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