IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

1615~~6~~

OWNER OR CONTRACTOR Spears Construction DATE 5.12.93 PERMIT NO. 25-7-A-~~6~~26

PHONE: Business 663-7954 Home

LOCATION on north side of Cornelius road, .4 mile west of Judas road

S.R. No. 1302

SUBDIVISION NAME Mills Forest LOT NO. ~~6~~ 26 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 20,000 SQ FT

Soil Characteristics PS

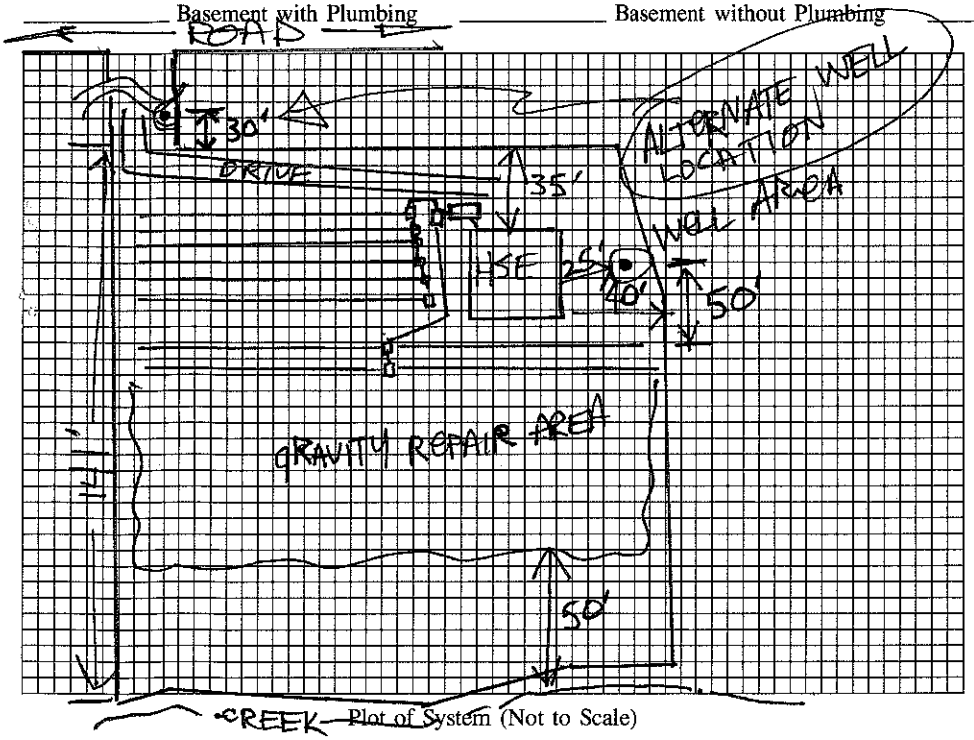
Application Rate LTAR .3

Topography S 45% 6

Depth to Water Table S >40"

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 10 (6x35 2x100)

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

COMMENTS ~~do not install during wet soil conditions or rain.~~ maximum trench bottom depth 24" on upslope side of trench. maintain 10' setback to property lines and house foundation. ~~roof runoff and surface water diversion required, outlet to east PL. allow space between tank and flow divider/diverter tee for diversion valve to access repair. divide flow to upper subfield~~ 6 x 35', and lower subfield 2 x 100' centerfeed. contact dept for consultative visit prior to ~~clearing or any excavation for foundation.~~

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