5-5-93
STB 825

16171

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR SPEAR CONSTRUCTION DATE 4-28-93 PERMIT NO. 25-7-A-S

PHONE: ~~Business~~ ~~Home~~ 636-7954

LOCATION ON NORTHSIDE OF CORNELIUS ROAD 4/10 MI WEST OF JUDAS RD

S.R. No. 1302

SUBDIVISION NAME MILLS FOREST LOT NO. 5 ~~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 CLAY-SBK

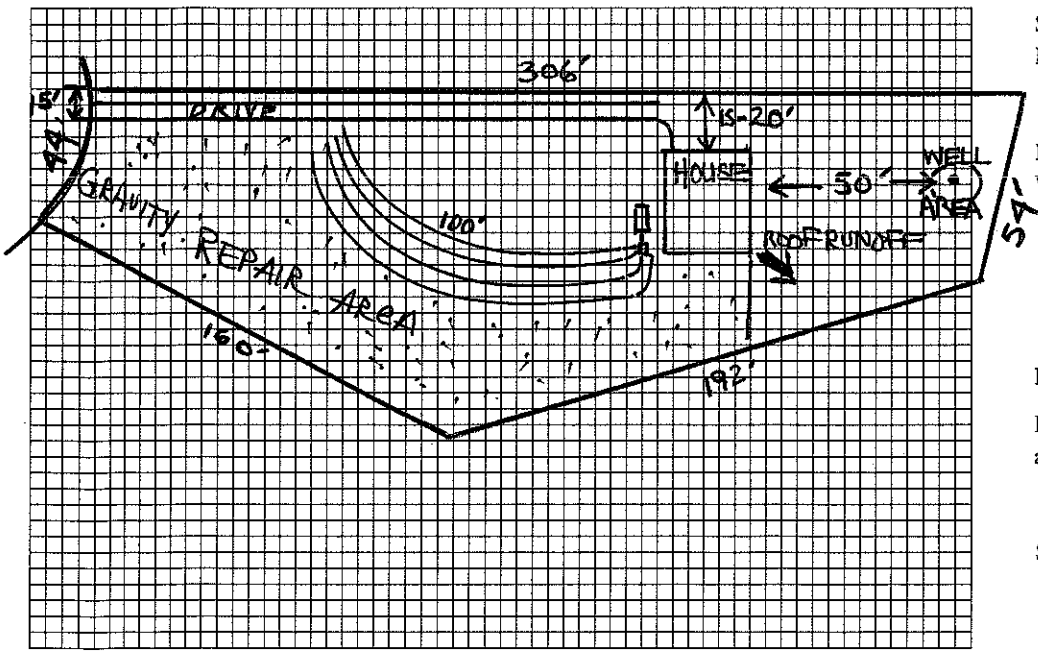
Application Rate 0.3

Topography S < 15%

Depth to Water Table S > 48"

Rock or other impervious formations S > 48"

_____ 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 4

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12", 6" UNDERPIPE

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 24". INSTALL ON CONTOUR. MAY INSTALL 3 LINES OF 133' EA. IF SPACE ALLOWS. DO NOT INSTALL DURING WET SOIL CONDITIONS OR RAIN. DIVERT ROOF RUNOFF TO RIGHT REAR OF LOT. CONTACT DEPT FOR SITE CONSULTATION PRIOR TO CLEARING/EXCAVATION.

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