15964

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Ewies J. Dahart DATE 3/16/93 PERMIT NO. IC A 24E 110

PHONE: Business _____ Home 892-8327

LOCATION Midway Lake Rd. ~ .4 mile from Faith Rd. on (L) behind old barn - building S.R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☐ Business ☐ Other ☑ 1 BARN STORAGE

No. Bedrooms 0 No. Bathrooms 1 Soil Characteristics P - .3 C

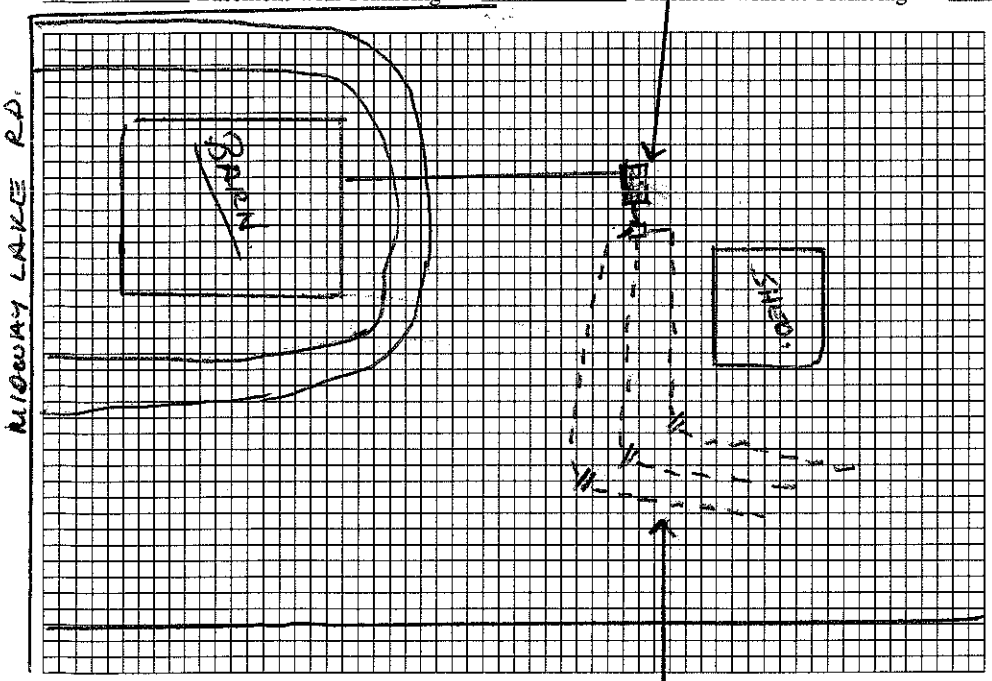
Garbage Disposal Unit Yes ☐ No ☑ Application Rate P - (0, 4p.)

Auto. Dishwasher Yes ☐ No ☑ Topography P -

Auto. Wash. Machine Yes ☐ No ☑ Depth to Water Table S 48"

Lot Area ~ 20,000 Ft² Rock or other impervious formations S - NONE OBSERVED

_____ 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 @ 100' x 3'

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

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 Wesley Sparks R.S.

COMMENTS Keep trenches shallow - no deeper than 36" to trench bottom. Step down when trenches turn down hill side lawn.

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