23500

IREDELL COUNTY HEALTH DEPARTMENT

15618 IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR F J Ervin DATE Dec 29, '92 PERMIT NO. ID-A-21

PHONE: Business _____ Home _____

LOCATION 115 S. TL Mackwood Road TR Saddle Rd. ~¼ mile on left S.R. No. _____

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

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms _____

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☐ No ☐

Lot Area ~½ Ac.

Soil Characteristics Sibley ps clay loam

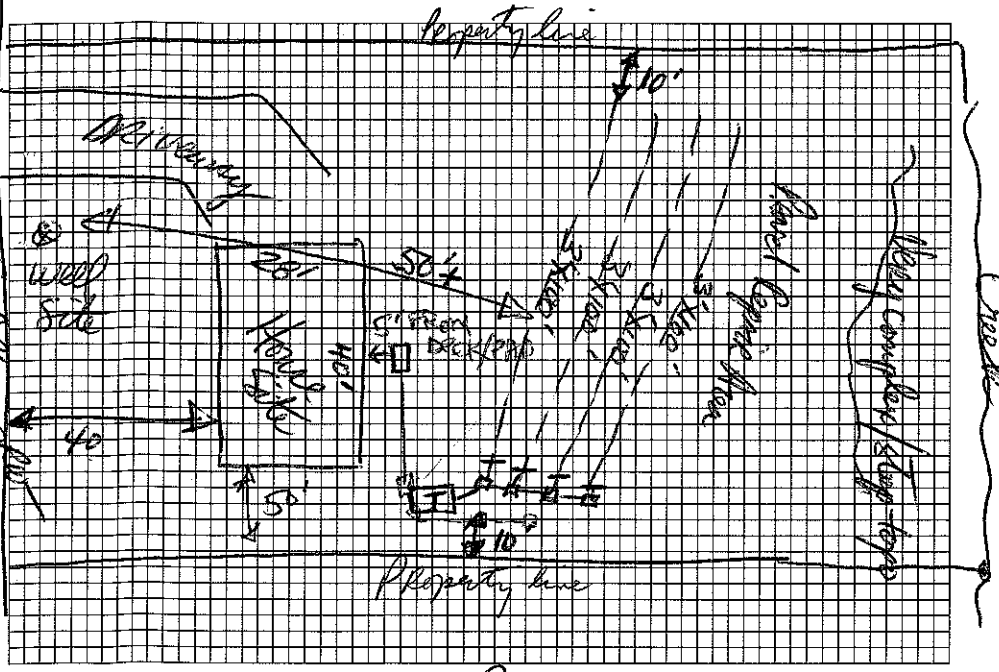
Application Rate .13 gpd/ft²/day

Topography 15-25%

Depth to Water Table >4'

Rock or other impervious formations None

✓ 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"

Water Supply: Individual ☑ Public ☐

STB 3SB
SCF 1000
9-17-93

Installed by _____

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: F. J. Ervin

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Jane R Hinson, RS

COMMENTS Follow contour, 36" Maximum trench bottom depth.

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