15809

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Douglas R Southern DATE 2/17/93 PERMIT NO. 1 of 2 IL-A-20

PHONE: Business _____ Home 664-3063

LOCATION Bailey Rd, 2 IN TL on Bailey Rd. to 3rd house on (L) from end, down dirt to MH in pasture

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S.R. No. _____

House ☐ Mobile Home ☑ 70' x 14' Business ☐ Repair Area

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 P - c/sc

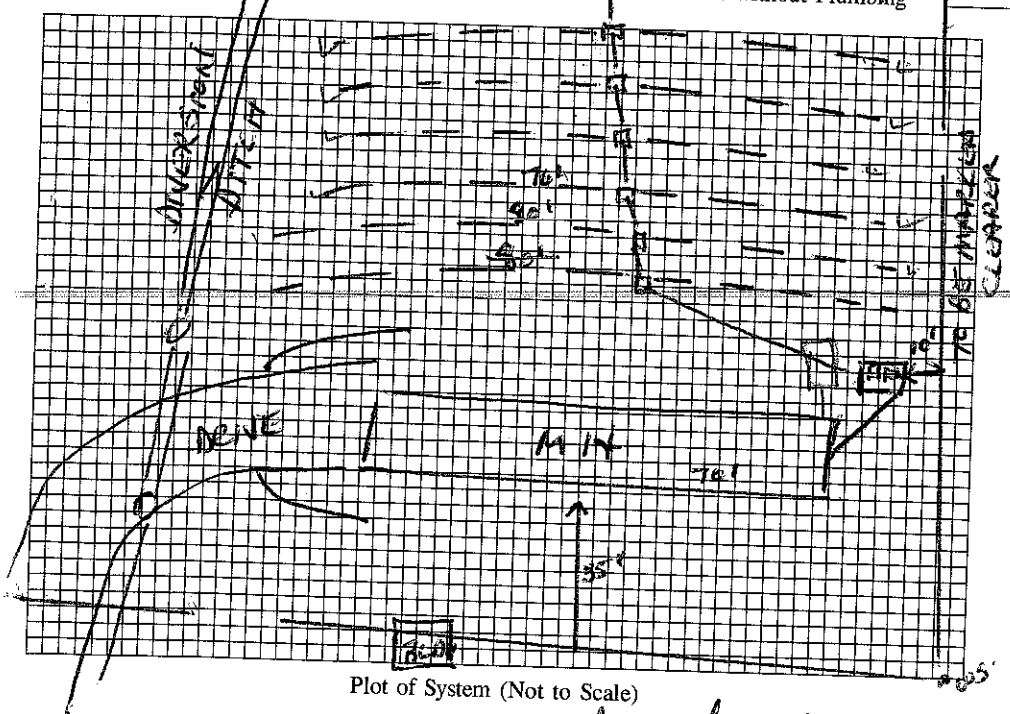
Application Rate P - .25 - .3 (wk sbk, p, s)

Topography P - IRREGULAR - HOLE

Depth to Water Table P 42-46"

~~Rock or other impervious formations~~ S - NONE FOUND

_____ 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) 9 80-60 x 3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ BROTHER IN LAW

Public ☐

Installed by _____

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

Signed: Donald Ray Wilson

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

IMPROVEMENT PERMIT BY Wesley Sparks RS,

COMMENTS Trench depth no deeper than 28" Drop boxes used as shown - Diversion Ditches must be constructed before Cert of Comp. may be issued

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