15775

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Franklin T Smith DATE 2/5/93 PERMIT NO. IR-A-815A

PHONE: Business _____ Home 663-2096

LOCATION Baily Rd., 2 1N TL on Baily Rd TL on gravel to end of line bear (R) S.R. No. _____

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

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2.5

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☑

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 9AC

Soil Characteristics P - C/C TRANS

Application Rate P - .3 - .35 (10, 5p.)

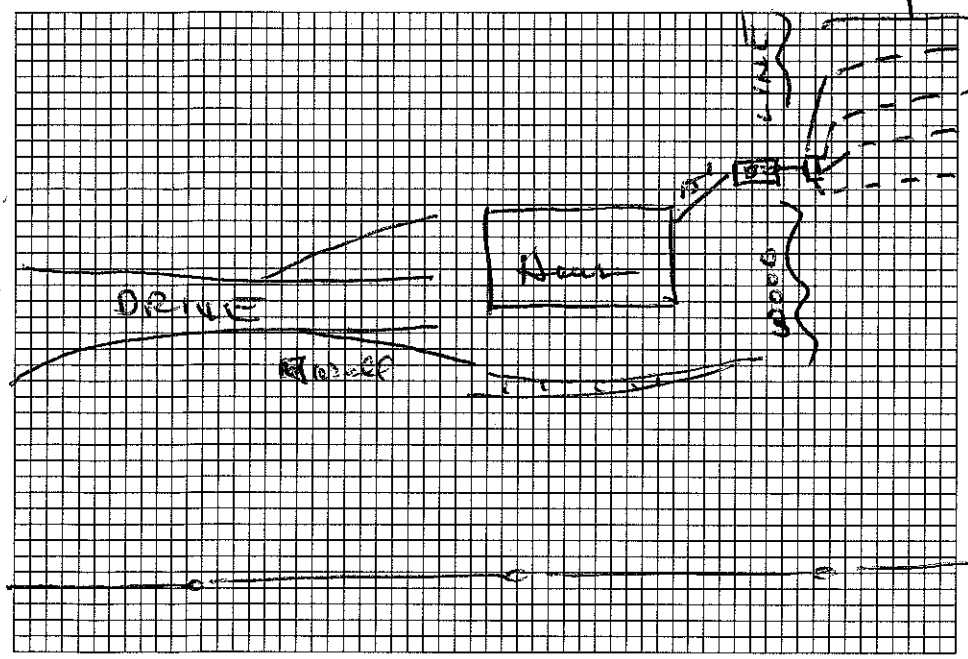
Topography P - 2-5%

Depth to Water Table P - 40-42" TO SAPROLITE

Rock or other impervious formations 5 - NONE OBSERVED

Repair Area

_____ Basement with Plumbing _____ Basement without Plumbing ___1___ No Basement ___1___ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4 @ 100' x 3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ NOT DRILLED YET

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 RS.

COMMENTS Keep trenches and Septic Tank shallow - no deeper than 32" to trench bottom. Lines run between rows of pine trees - Pines to be thinned out later.

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