STB-358
10-6-93

16028

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Henry D. Eddins DATE 5/25/93 PERMIT NO. IM-11-B-14

PHONE: Business _____ Home 664-6768

LOCATION 115 N just past Mazeppa Rd on (L) before Sigmon Bldg. out drive to trailer in large tree field S.R. No. _____

SUBDIVISION NAME N/A LOT NO. _____ SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~20,000 FT²

Soil Characteristics P - C / TRANS

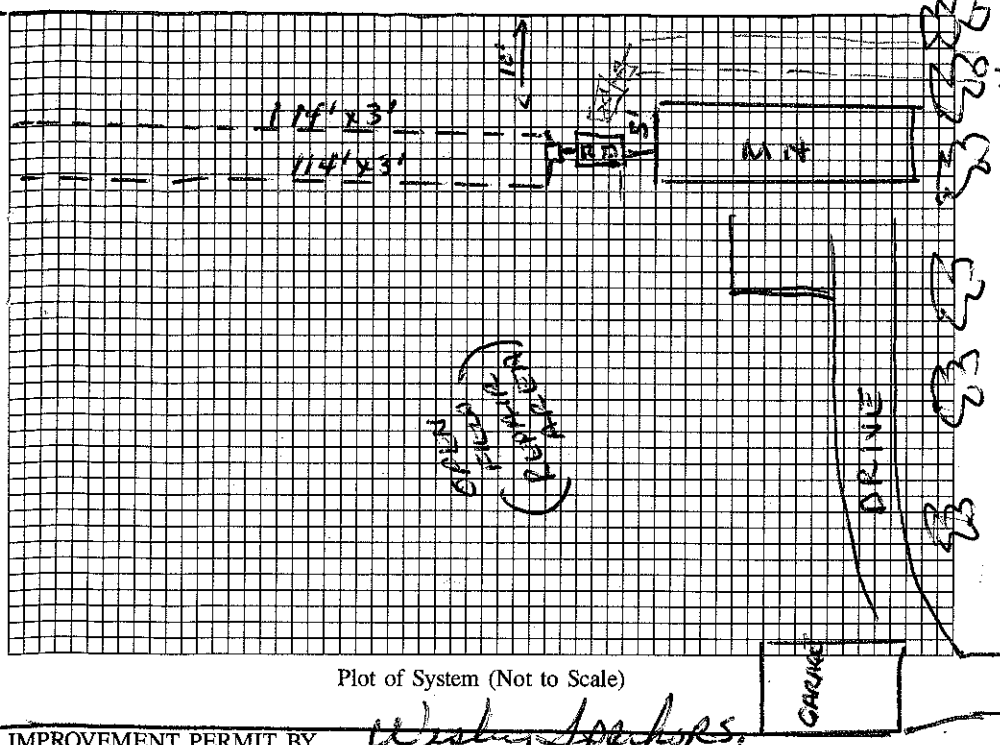
Application Rate P .35 - SP, S, TRANS, MICACEOUS

Topography S - 3%

Depth to Water Table S >48"

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 2@114'x3'

Sq. Ft. 685 Linear Ft. 228

Depth of Stone in Lines 12"

Water Supply: Individual ☑ WELL

Public ☐ BEHIND HOUSE

Installed by _____

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

Signed: x Henry D. Eddins

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

401 → W

IMPROVEMENT PERMIT BY Wesley Sparkes

COMMENTS Keep trenches shallow, no deeper than 36" to trench bottom. Lines on proper grade - lines running slightly downgrade so be careful.

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