1.30

IREDELL COUNTY HEALTH DEPARTMENT

Repair
~~IMPROVEMENT~~ PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Donna Harrell DATE 5/12/93 PERMIT NO. ~~52~~ N/A

PHONE: Business _____ Home 528-5003

LOCATION 115N - past Westmoreland Rd. to the first brick house on (L)

S.R. No. _____

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

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Existing

Soil Characteristics P - sl/c

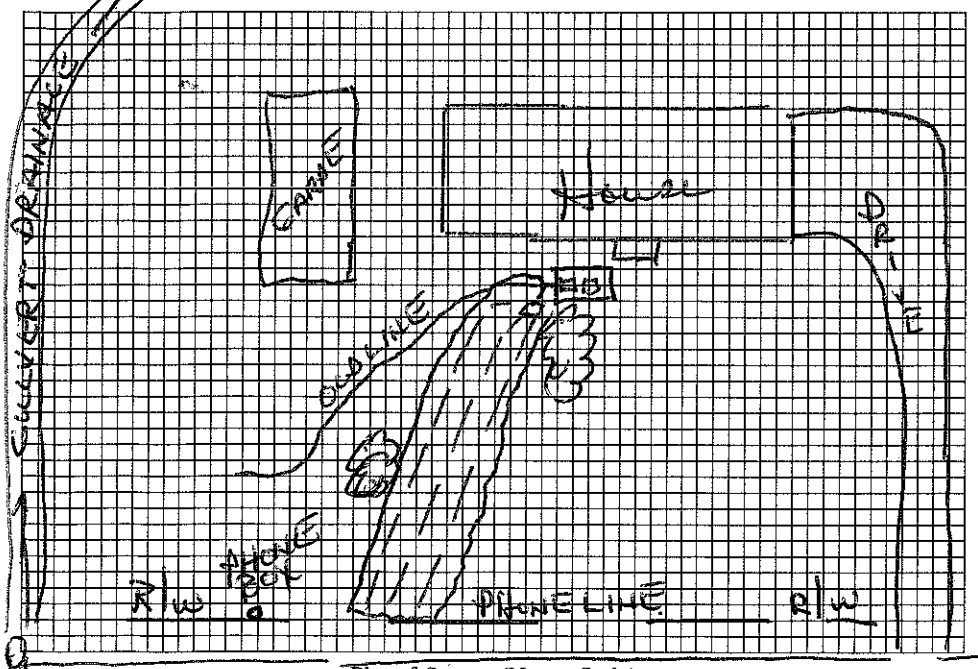
Application Rate P - .3c

Topography P - 3-40%

Depth to Water Table ≤ -49"

Rock or other impervious formations P - COBBLY STONES

☑ Basement with Plumbing ☑ WELL ____ Basement without Plumbing ____ No Basement ____ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 EXISTING Gals.

Nitrification Field:

No. of Lines (3) 45' x 10' BED

Sq. Ft. 450 Linear Ft. 180

Depth of Stone in Lines 16-17"

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 1155 Wesley Sparks RS.

COMMENTS Keep shallow as possible. OK gutter drains removed from top of S/T.

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