REPAIR

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR IREDELL MILK TRANS, INC. DATE 5/28/93 PERMIT NO. N/A

PHONE: Business 664-3417 Home _____

LOCATION Enochville Rd., on (R) just past intersection of Bunley Rd. S.R. No. _____

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

House ☐ Mobile Home ☐ Business ☑ Other 25 EMPLOYEES @ 25 GPD = 625 GPD.

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes ☐ No ☐

Auto. Dishwasher Yes ☐ No ☐

Auto. Wash. Machine Yes ☐ No ☐

Lot Area _____

Soil Characteristics P - SI CL / SI C (MICACEOUS)

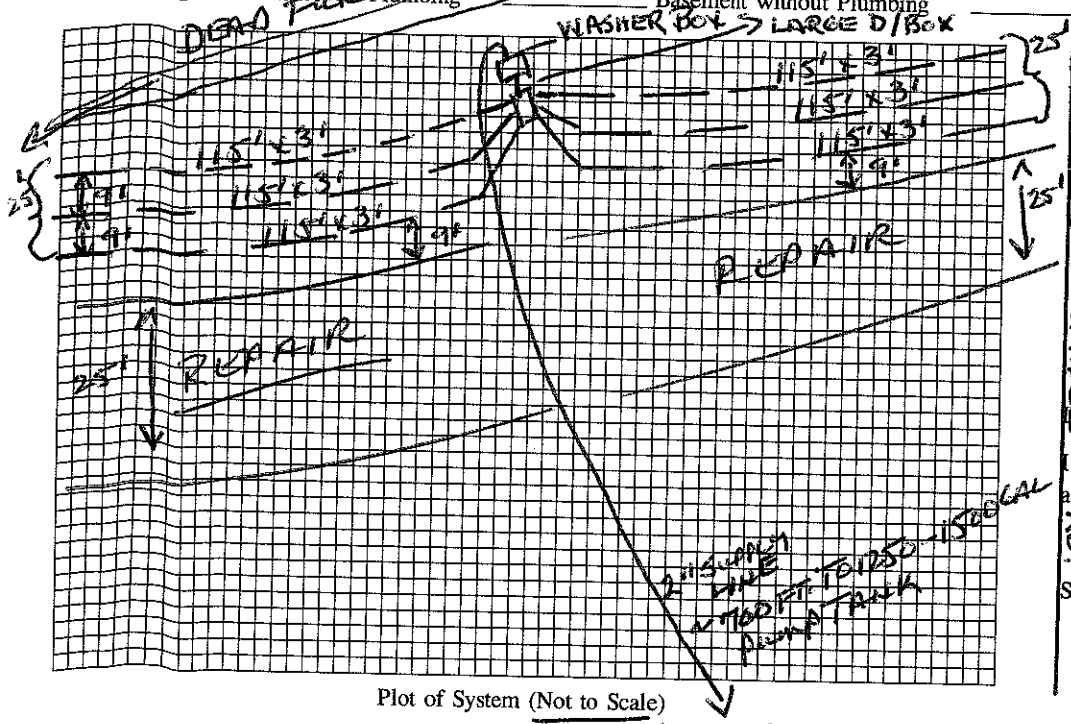
Application Rate P - (.25 - .3) (WK, MOD SBK NP,)

Topography S - 3-5% SS,

Depth to Water Table P - 48"

Rock or other impervious formations P - VERY MICACEOUS, TRANSITIONAL

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



Plot of System (Not to Scale)

Size of Tank 1250-1500 Pump Tank Gals.

Nitrification Field:

No. of Lines 6 @ 115' x 3'

Sq. Ft. 2083 Linear Ft. 695

Depth of Stone in Lines 12"

Water Supply: Individual ☑ 2 D. WELLS.

Public ☐

Installed by _____

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

Signed: x _____

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

IMPROVEMENT PERMIT BY Wesley Sparkes RS.

COMMENTS 275 GALS. PER DOSE TO - SPEED LEVELERS REQUIRED TRENCH DEPTH NO GREATER THAN 36" TO BOTTOM. MUST BE INSTALLED ON CONTOURS AS INDICATED HERE. WASHER BOX (LARGE) AND LARGE DIST. BOX REQUIRED - FURROW TO INTERCEPT SURFACE FLOW AROUND DRAINFIELD.

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