IREDELL COUNTY HEALTH DEPARTMENT

15811

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Spear Const. Co. DATE 2/16/93 PERMIT NO. 4C-A-79

PHONE: Business _____ Home 636-7954

LOCATION Wiggins Rd; 801 N TR on WIGGINS TO 1ST LOT on (R) AFTER CORNER HOUSE S.R. No. 4CA78

SUBDIVISION NAME N/A 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 ~1 AC

Soil Characteristics P - SLC TRANS

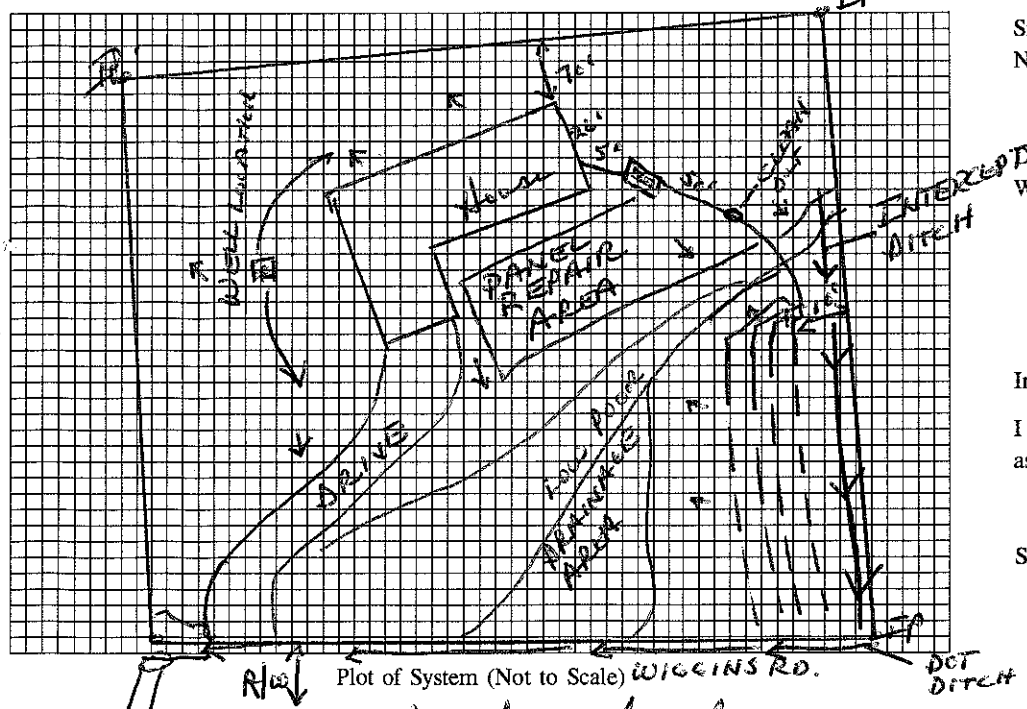
Application Rate P - .2-.25 (WK, S, SM, WK grad.)

Topography P - 3-4%

Depth to Water Table P - 40"

Rock or other impervious formations P - 40" HARD TRANS

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



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4 @ 120' x 3'

Sq. Ft. 1440 Linear Ft. 480

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 Intercept ditch must be constructed and graded into DOT ditch before completion. Trench depth MAX. 28" - Slope contour very important - Cleanout required every 50 feet between Septic Tank and Distribution Box.

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