Repair

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR W. Ellis Dagenhart DATE 4-20-93 PERMIT NO. Repair

PHONE: Business _____ Home 872-3827

LOCATION I40 W Tl Old Mtn. Rd. TR Beulah Rd stay straight Mock Mill Rd. Tl Dagenhart Farm Rd. 4th house on L S.R. No. _____

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

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☐ No ☑

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ± 10.0 acres

Soil Characteristics P.S. Clay-loam

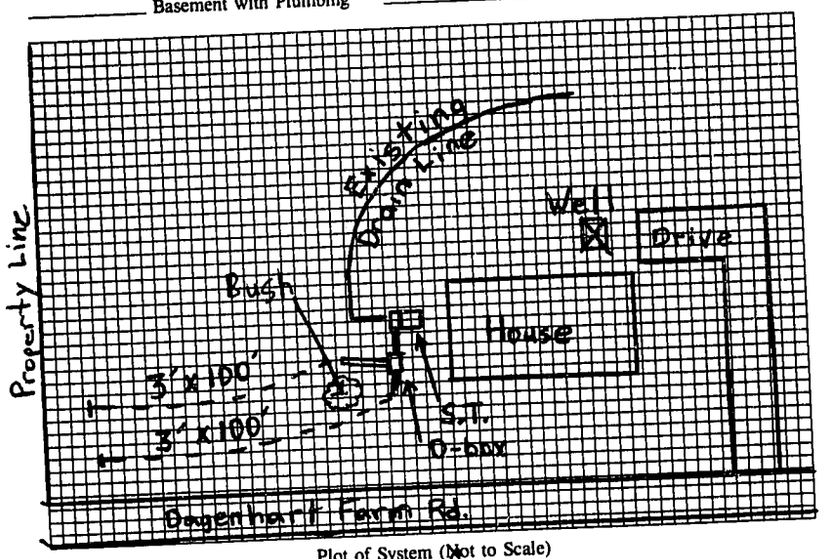
Application Rate .4 gpd/ft²

Topography 2-4% L

Depth to Water Table >4'

Rock or other impervious formations NA

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



Plot of System (Not to Scale)

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 200'

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Well

Public ☐

Installed by _____

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

Signed: W. Ellis Dagenhart

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

IMPROVEMENT PERMIT BY Michael L. Dennis

COMMENTS Knock new line and install sanitary Tee in tank. Keep Nitrification Lines on contour. Keep system 6' from existing drain line, 10' off all property lines. Feed existing system first. Repair lines out of tank last. Keep system as shallow as possible.

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