16270

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Michelle D. Falzone DATE 5-11-93 PERMIT NO. 3F-C-8/9

PHONE: Business _____ Home _____

LOCATION I40W TL Old Mtn. Rd. TR Compton Park Rd. TR Wren Rd. TL Private Dr. lot on L S.R. No. _____

SUBDIVISION NAME Wallace Foster LOT NO. 8/9 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 2.15 acres

Soil Characteristics P.S. Clay

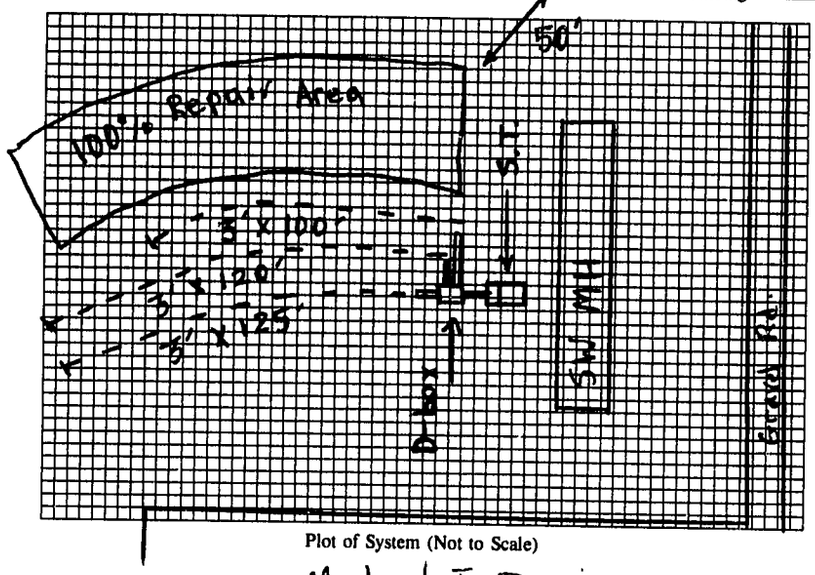
Application Rate .35 gpd / ft²

Topography 2-5% 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 1000 (3-24-93) Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1035 Linear Ft. 345'

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Well

Public ☐

Installed by A-1 Backhoe

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 Michael J. Dennis

COMMENTS Keep MH 5' from system. 100% Repair Area below system conventional, gravity fed

CERTIFICATE OF COMPLETION BY Michael J. Dennis DATE 5-11-93

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