4750-88-5989

16110

# IREDELL COUNTY HEALTH DEPARTMENT

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Carroll Fisher Const. DATE 5/25/93 PERMIT NO. 464A49

PHONE: Business ____ Home 704-633-6124

LOCATION off Weathers Creek Rd. TL on upper end of new road - straight to cul de sac, l center of cul de sac S.R. No. ____

SUBDIVISION NAME Pheasant Run LOT NO. 49 SECTION OR BLOCK NO. III

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 ~20,000 Ft²

Soil Characteristics P - SIC / C TRANS

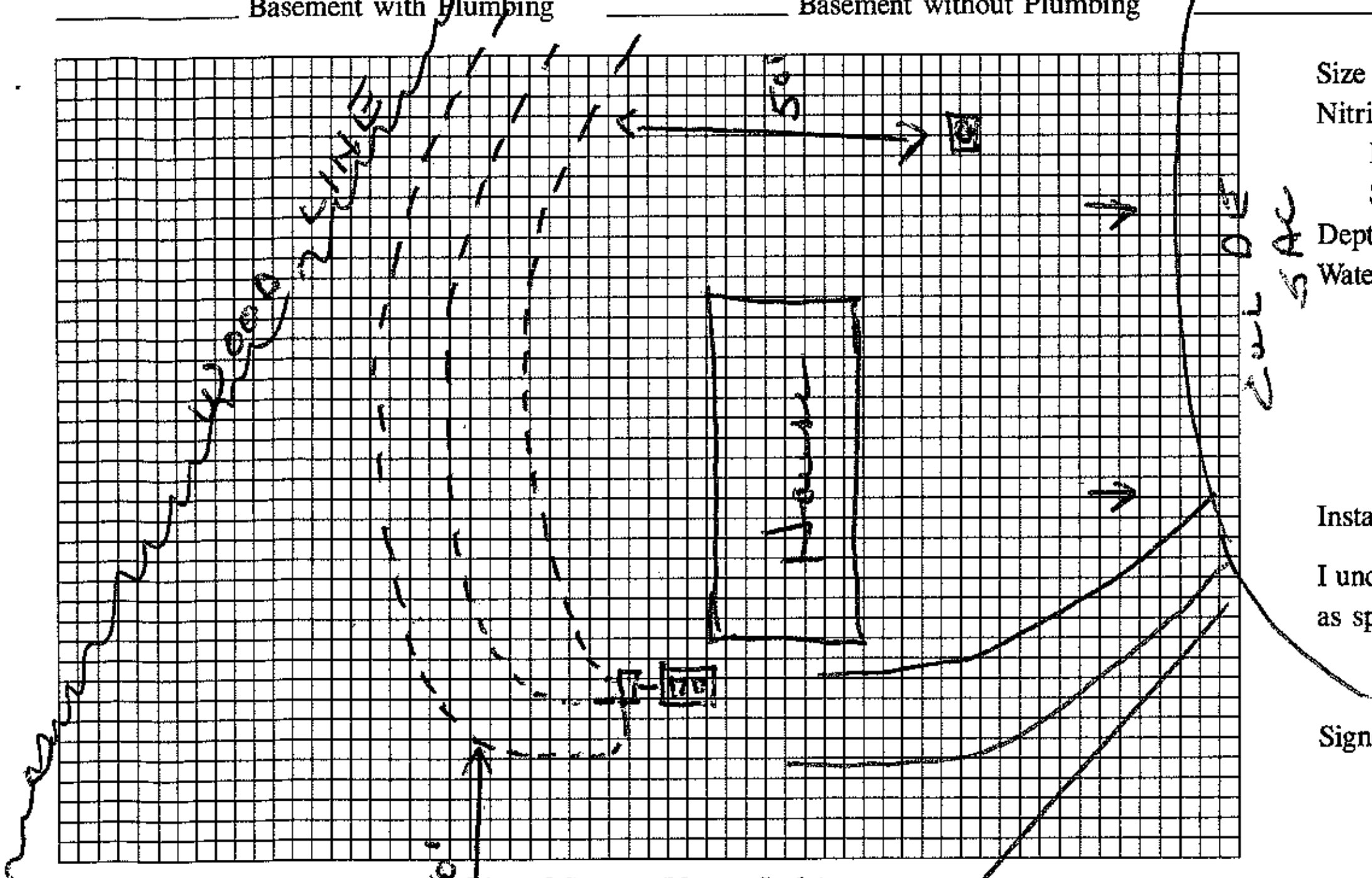
Application Rate P - .25 - .3 (wk, p, SF)

Topography P - 2%

Depth to Water Table S 48"

Rock or other impervious formations S - None observed

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



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3 @ 133 (AVG.) x 3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Rowan Septic Tank

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 ____

COMMENTS Side wall very glazed and compacted due to dryness - FIRM

CERTIFICATE OF COMPLETION BY Wesley Sparks 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

16110

# IREDELL COUNTY HEALTH DEPARTMENT

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Carroll Fisher Const. DATE 4/26/93 PERMIT NO. 4G-4-A-49

PHONE: Business ________ Home 704-633-6124

LOCATION Weathers Creek Rd.

S.R. No. ________

SUBDIVISION NAME Phesant Run III. LOT NO. 49 SECTION OR BLOCK NO. III

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 >20,000 FT2

Soil Characteristics P - s, c/c TRANS.

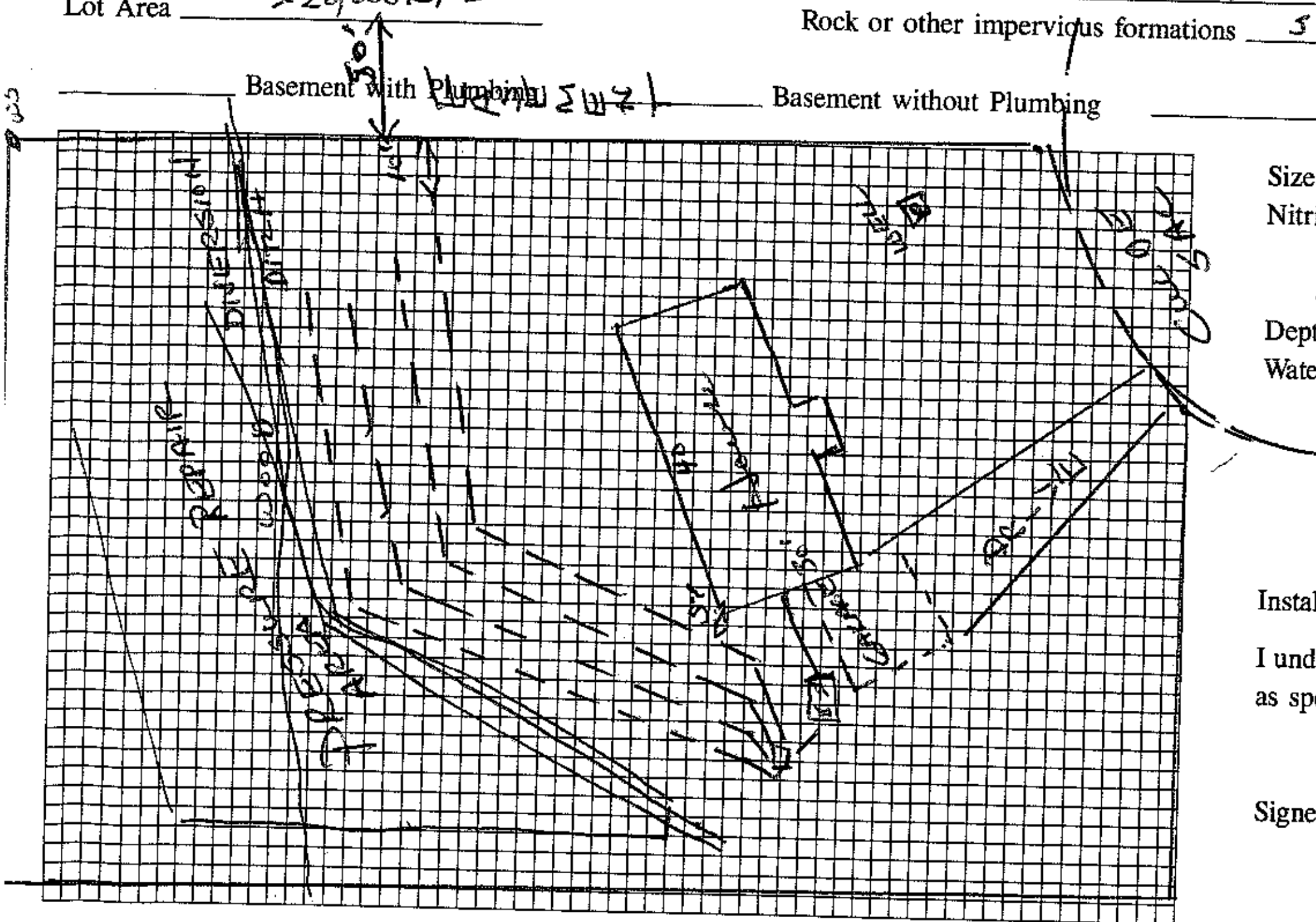
Application Rate P - .3-.35 (s, p, wk, sf)

Topography P - 2-3%

Depth to Water Table S - 48"

Rock or other impervious formations S - None observed

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




Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4 @ 100' X 3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ NOT DRILLED

Public ☐

Installed by ________

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

Signed: [signature]

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

IMPROVEMENT PERMIT BY Wesley Sparks R.S.

COMMENTS Plumbing must be shallow out of house - Trench depth no deeper than 36" to trench bottom on all trenches. Keep lines on slope contour in direction shown. S/T must be set shallow or pumping will be necessary.

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