# IREDELL COUNTY HEALTH DEPARTMENT

15088

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Crown Ventures Inc. DATE 8/31/92 PERMIT NO. 46-4-A-26

PHONE: Business 845-8824 Home

LOCATION Weathers Creek Rd.

S.R. No.

SUBDIVISION NAME Pleasant Run LOT NO. 26 SECTION OR BLOCK NO. II.

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 - C - (WLSBK)

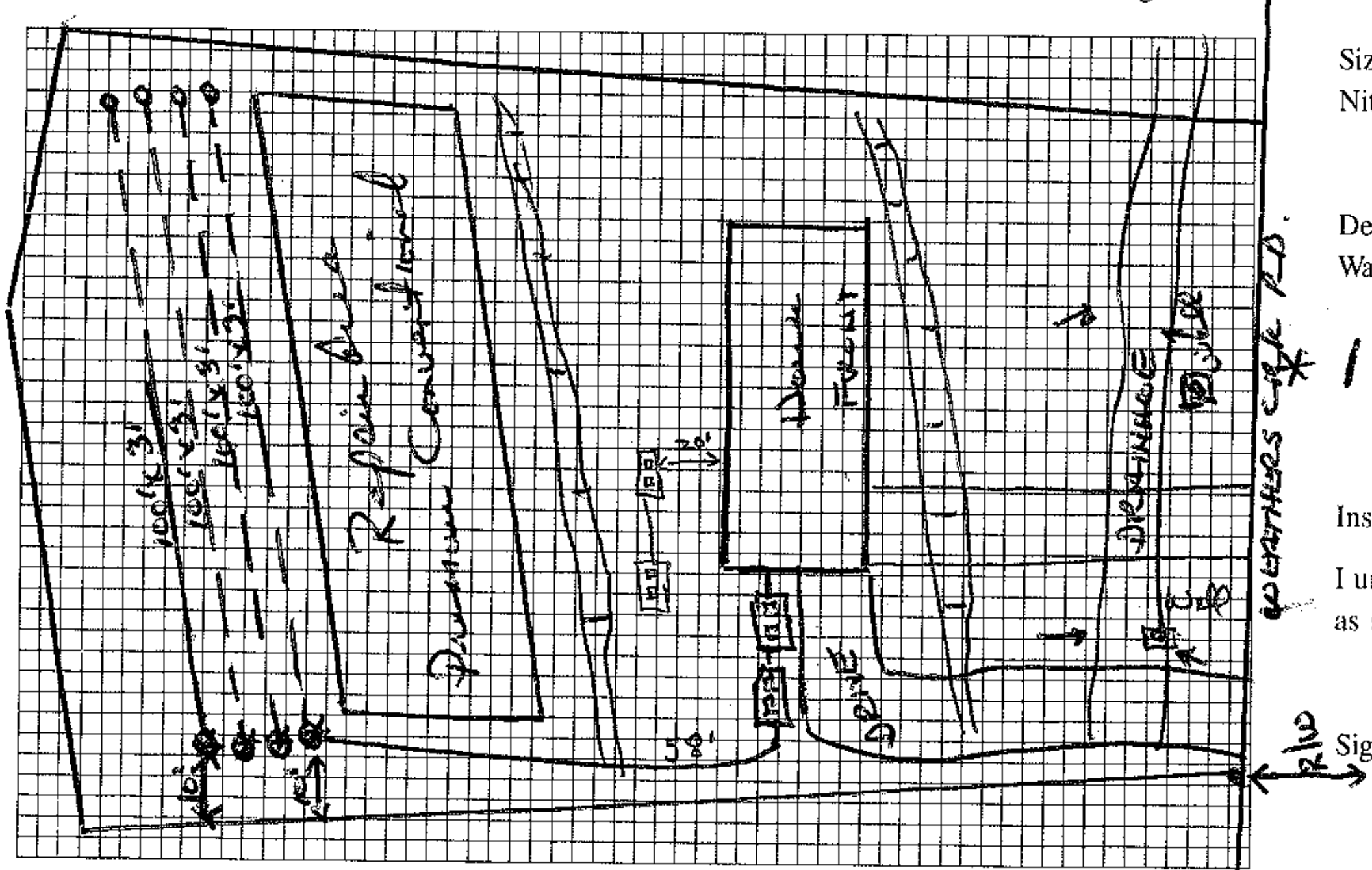
Application Rate P - .3 (SP-SA-)

Topography P - 3-8%

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 / 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 ☑

Public ☐

* 1 1/2" PVC Pressure Conventional

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 47 Gallon per min required pump
Elevation difference and friction loss needs to be determined on site. 1 1/2" PVC with 3/16" holes on 5' centers, 2' pressure head at end of each lateral. Gate valve at beginning of each drainline as shown here.

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