15719

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR TONI B MOORE DATE 1/27/93 PERMIT NO. 24, 46-A-14

PHONE: Business _____ Home 528-3048

LOCATION Weathers Ck Rd, Shinnville Rd. TL on Weathers Creek, just past Wesley Chapel Church TR on drive ~ 700' to rear of lot S.R. No. _____

SUBDIVISION NAME N/A LOT NO. _____ SECTION OR BLOCK NO. _____

10-6-94 Dellinger 794

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 ~.977 AC

Soil Characteristics P - C/C TRANS

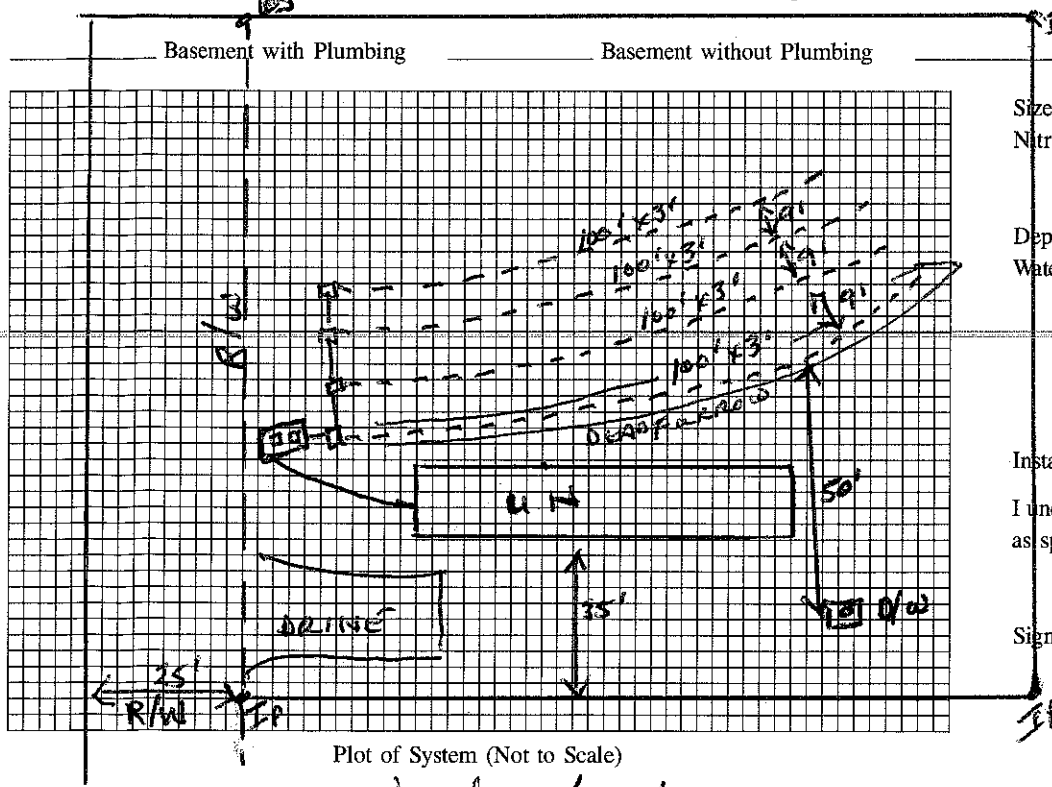
Application Rate P - .3 - .35 (SA, SS, FINE STRUCTURE)

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 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: Toni B. Moore

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

IMPROVEMENT PERMIT BY Wesley Sparks RS

COMMENTS Keep trenches shallow — no deeper than 30-32" to trench bottom. Single D/Box may be used instead of Drop Boxes.

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