162897
156227
Starrer
Sparks

4771- 35- 1396

15555

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Steve Merck DATE 2-5-93 PERMIT NO. SE-2-A 15+16

PHONE: Business _____ Home _____

LOCATION Amity Hill area Willow Ridge Lot 15+16 055 TRIPLETTS

S.R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ 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 2.8 acres

Soil Characteristics Clayey

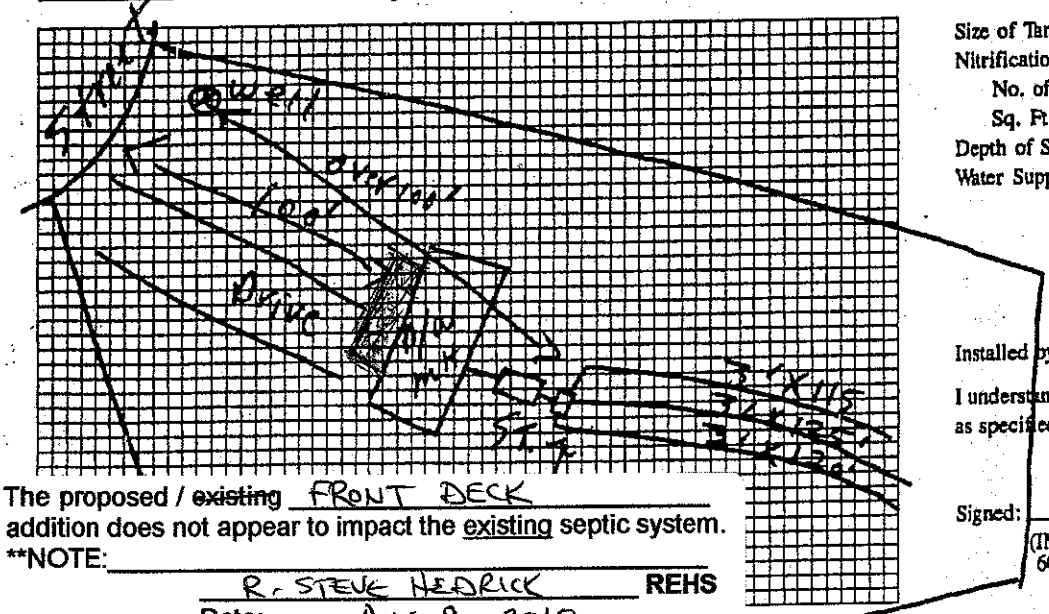
Application Rate .32

Topography 2+6 2o

Depth to Water Table 10'+

Rock or other impervious formations none

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



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1080 Linear Ft. 360

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Kenny Pearson

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.)

The proposed / ~~existing~~ FRONT DECK addition does not appear to impact the existing septic system.

**NOTE: _____

R. STEVE HEDRICK REHS

Date: Aug 9, 2010

ICHD-Environmental Health Division

IMPROVEMENT PERMIT BY _____ R-C. Moore

COMMENTS _____

CERTIFICATE OF COMPLETION BY R-C. Moore DATE 2-5-93

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