15690

PBS Realty

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Acreage Investments DATE 1-14-93 PERMIT NO. 5F-2-A-5

PHONE: Business _____ Home _____

LOCATION Willow Ridge Phase I lot 5

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 _____

Soil Characteristics Clayey

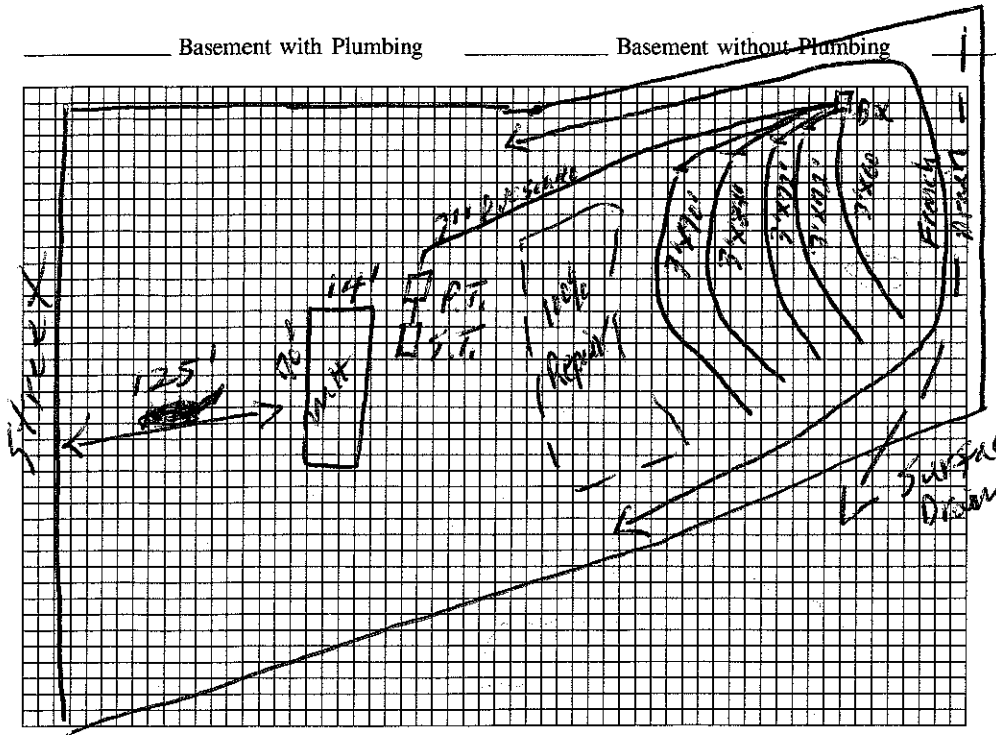
Application Rate .34

Topography 2 to 6 %

Depth to Water Table 10+

Rock or other impervious formations none

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



Plot of System (Not to Scale)

Size of Tank 1000 1000 Pump S.T. Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 1080 Linear Ft. 360

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

use Pump that will deliver 40 gal at 20' Total Head

Installed by _____

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

Signed: James T. Barkley

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

Run Drain lines no deeper than 24"

IMPROVEMENT PERMIT BY P. C. Moore

COMMENTS Start French Drain 30" Depth Keep 30" to Get To area below Drain field then Run to Daylight See Attach sheet for Pump + Pipe instructions Install Pump + wires according to N.C. Elect + Plumbing code

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