4773634028

IREDELL COUNTY HEALTH DEPARTMENT

JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Date 04/13/2015

Re: Application for improvement permit for 3062 Salisbury Hwy, Statesville, NC 28677 Iredell County Health Department file number 207561

Dear Madrhadh LLC,

The Iredell County Health Department, Environmental Health Division on (04/02/2015) evaluated the above referenced property at the site designated on the plat/site plan that accompanied your improvement permit application. According to your application the site is to serve a Public Restroom, 3 Employees, and Hunt Brothers Pizza with a design wastewater flow of 375 gallons per day. The evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 including related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules.

Based on the criteria set out in Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1940 through .1948, the evaluation indicated that the site is UNSUITABLE for a ground absorption sewage system. Therefore, your request for an improvement permit is DENIED. A copy of the site evaluation is enclosed. The site is unsuitable based on the following:

_____ Unsuitable soil topography and/or landscape position (Rule .1940)
__X__ Unsuitable soil characteristics (structure or clay mineralogy) (Rule .1941)
__X__ Unsuitable soil wetness condition (Rule .1942)
__X__ Unsuitable soil depth (Rule .1943)
_____ Presence of restrictive horizon (Rule .1944)
__X__ Insufficient space for septic system and repair area (Rule .1945)
_____ Unsuitable for meeting required setbacks (Rule .1950)
_____ Other (Rule .1946) _____

These severe soil or site limitations could cause premature system failure, leading to the discharge of untreated sewage on the ground surface, into surface waters, directly to ground water or inside your structure.

The site evaluation included consideration of possible site modifications, and modified, innovative, or alternative systems. However, the Health Department has determined that none of the above options will overcome the severe conditions on this site. A possible option might be a system designed to dispose of sewage to another area of suitable soil or off-site to additional property.

For the reasons set out above, the property is currently classified UNSUITABLE, and no improvement permit shall be issued for this site in accordance with Rule .1948(c).

However, the site classified as UNSUITABLE may be classified as PROVISIONALLY SUITABLE if written documentation is provided that meets the requirements of Rule .1948(d). A copy of this rule is enclosed. You may hire a consultant to assist you if you wish to try to develop a plan under which your site could be reclassified as PROVISIONALLY SUITABLE.

You have a right to an information review of this decision. You may request an informal review by the soil scientist or environmental health supervisor at the local health department. You may also request an information review by the North Carolina Department of Health and Human Services regional soil scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. To get a copy of a petition form, you may write the Office of Administrative Hearings or call the office at (919) 431-3000 or from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. N.C. General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

Please note: If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is April 13th 2015. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (N.C. General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, N.C. Department of Health and Human Services, 2001 Mail Service Center, Raleigh, N.C. 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in N.C. General Statute 150B-23 that you send a copy to the Office of General Counsel, N. C. Department of Health and Human Services.
You may call or write the local health department if you need any additional information or assistance.

Sincerely,

Robert H. Snow

Robert H. Snow

Enclosures:
(Copy of Rule .1948)

92199
2075601

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (✓) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

28677

Applicant Name: HWY 70 MART Address: 3062 SALISBURY Hwy Phone: 704-878-8775

Owner Name: _____ Address: _____ Phone: _____

Property Information:

Street Address: 3062 SALISBURY Hwy

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: HWY 70 EAST- CORNER OF HWY 70 & TRIPLETT RD

Site Development Information: *(check or complete ALL that apply)*

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: CONVIENCE STORE / FOOD STAND
Square Footage of Building: 2400 SQ FT
Maximum Number of Employee: ~~4~~ 3 MD 1/9/2015
Maximum Number of Seats/Beds/Other: N/A

Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (✓) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 12/19/2014
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

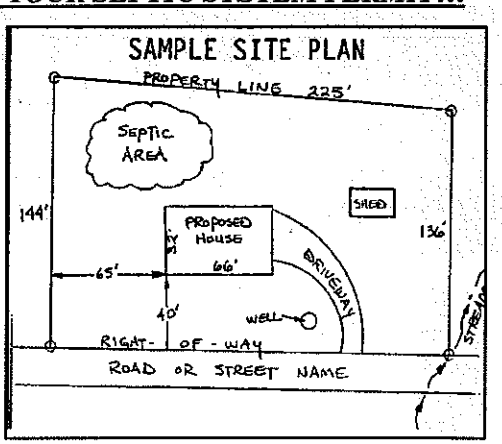
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other sufficient indicator of direction**

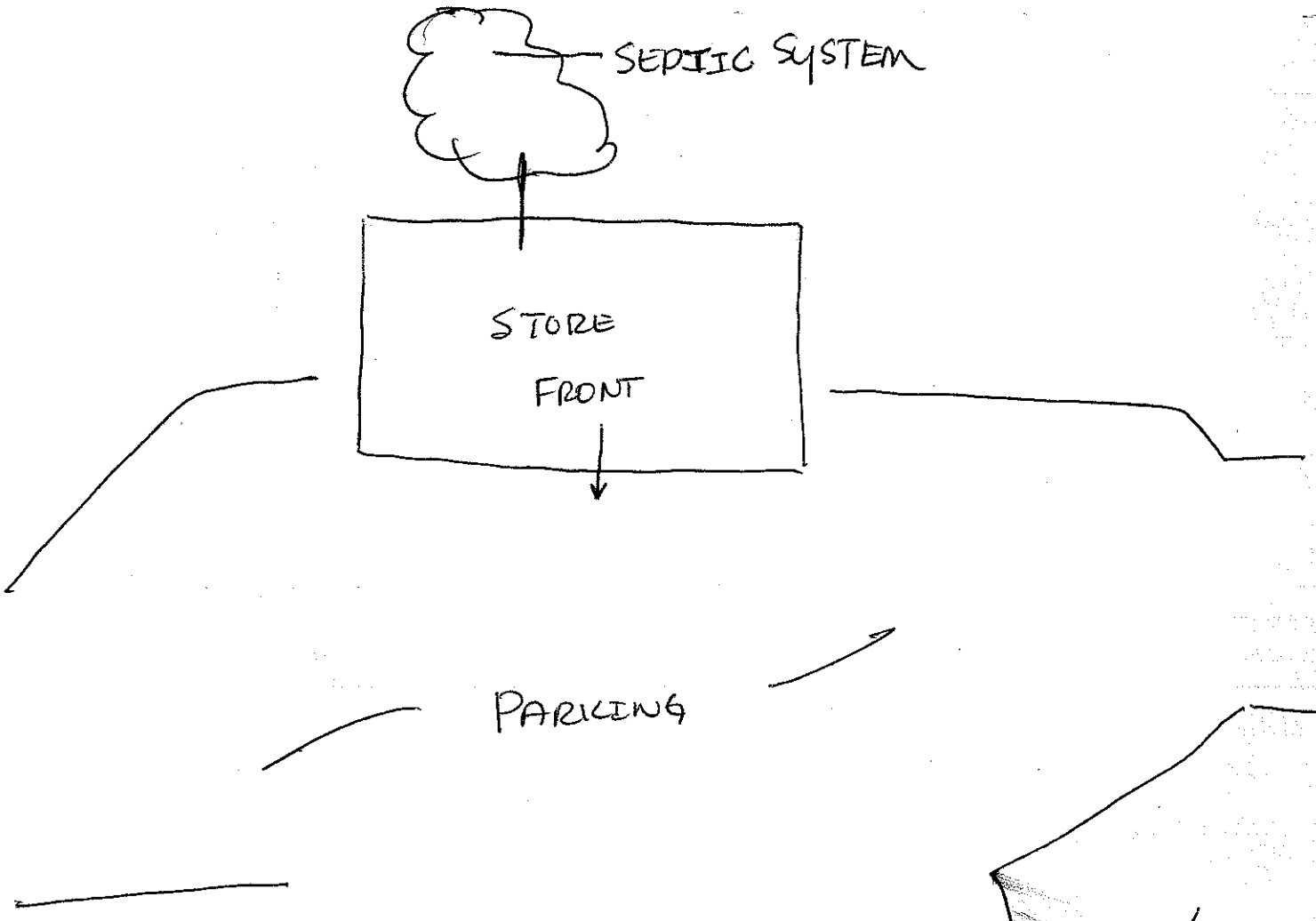


Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	**N/A**
Location of easements and rights of ways on your property	**N/A**
Location of any designated wetlands on the property	**N/A**

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: Mike Powell — 12/19/2014

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — **DATE**

IREDELL WATER

Customer Transactions

Account: 111769 COUNTRY SIDE FOOD MART
Billing Cycle: Cycle 1
From 1/1/2014 12:00:00 AM To 1/31/2015 11:59:59 PM

Account Number	Transaction Type	Date Posted	Amount	Due/Applied	Reference	Previous Reading	Present Reading	Usage	Location	Balance
111769	Balance Forward	01/01/2014	$16.87	$0.00	Balance Forward				40-023300000	$16.87
111769	WATER Late Fee	01/16/2014	$1.69	$0.00					40-023300000	$18.56
111769	WATER	01/23/2014	$22.69	$0.00	Charges	228130	232360	[redacted]	40-023300000	$41.25
						12/16/2013	01/16/2014			
111769	Payment Check : 02	02/03/2014	-$16.87	-$16.87	2993					
111769	WATER Late Fee	02/18/2014	$2.27	$0.00					40-023300000	$24.38
111769	WATER	02/24/2014	$15.79	$0.00	Charges	232360	234290	[redacted]	40-023300000	$26.65
						01/16/2014	02/19/2014		40-023300000	$42.44
111769	Payment Check : 02	02/26/2014	-$24.38	-$24.38	3022					
111769	Payment Check : 03	03/12/2014	-$18.06	-$18.06	3051				40-023300000	$18.06
111769	WATER	03/21/2014	$14.05	$0.00	Charges	234290	235640	[redacted]	40-023300000	$0.00
						02/19/2014	03/14/2014		40-023300000	$14.05
111769	WATER Late Fee	04/16/2014	$1.41	$0.00						
111769	Payment Check : 04	04/22/2014	-$14.05	-$14.05	3096				40-023300000	$15.46
111769	WATER	04/24/2014	$17.14	$0.00	Charges	235640	238020	[redacted]	40-023300000	$1.41
						03/14/2014	04/17/2014		40-023300000	$18.55
111769	WATER Late Fee	05/16/2014	$1.71	$0.00						
111769	WATER	05/23/2014	$15.79	$0.00	Charges	238020	239950	[redacted]	40-023300000	$20.26
						04/17/2014	05/19/2014		40-023300000	$36.05
111769	Payment Check : 5-2	05/27/2014	-$18.55	-$18.55	3150					
111769	WATER Late Fee	06/17/2014	$1.58	$0.00					40-023300000	$17.50
111769	Payment Check : 06	06/19/2014	-$17.50	-$17.50	3178				40-023300000	$19.08
111769	WATER	06/23/2014	$14.56	$0.00	Charges	239950	241470	[redacted]	40-023300000	$1.58
						05/19/2014	06/16/2014		40-023300000	$16.14
111769	Payment Check : 07	07/15/2014	-$16.14	-$16.14	3240					
111769	WATER	07/24/2014	$14.89	$0.00	Charges	241470	243100	[redacted]	40-023300000	$0.00
						06/16/2014	07/17/2014		40-023300000	$14.89
111769	Payment Check : 08	08/08/2014	-$14.89	-$14.89	3274					
111769	WATER	08/25/2014	$15.55	$0.00	Charges	243100	244950	[redacted]	40-023300000	$0.00
						07/17/2014	08/18/2014		40-023300000	$15.55
111769	WATER Late Fee	09/16/2014	$1.56	$0.00						
111769	Payment Check : 09	09/17/2014	-$15.55	-$15.55	3328				40-023300000	$17.11
111769	WATER	09/24/2014	$15.04	$0.00	Charges	244950	246630	[redacted]	40-023300000	$1.56
						08/18/2014	09/17/2014		40-023300000	$16.60
111769	Payment Check : 10	10/09/2014	-$16.60	-$16.60	3362					
111769	WATER	10/22/2014	$15.22	$0.00	Charges	246630	248370	[redacted]	40-023300000	$0.00
						09/17/2014	10/16/2014		40-023300000	$15.22
111769	Payment Check : 11/	11/18/2014	-$15.22	-$15.22	3419					
111769	WATER	11/24/2014	$17.92	$0.00	Charges	248370	251010	[redacted]	40-023300000	$0.00
						10/16/2014	11/17/2014		40-023300000	$17.92
111769	Payment Check : 12	12/10/2014	-$17.92	-$17.92	3455					
111769	WATER	12/22/2014	$14.92	$14.92	Charges	251010	252650	[redacted]	40-023300000	$0.00
						11/17/2014	12/15/2014		40-023300000	$14.92

Total Transactions: 31 Total Amount: $14.92 Total Usage: 24,520

Location Number	Service Address
40-023300000	3062 SALISBURY HWY STATESVILLE, NC 28677

* Indicates Charges that are not finalized

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System) G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Lovett Oil Co. DATE 8-20-74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Highway #70 East to new Elmwood S/L - #70 and Amity Hill Road #2362 S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business (✓) Other _____

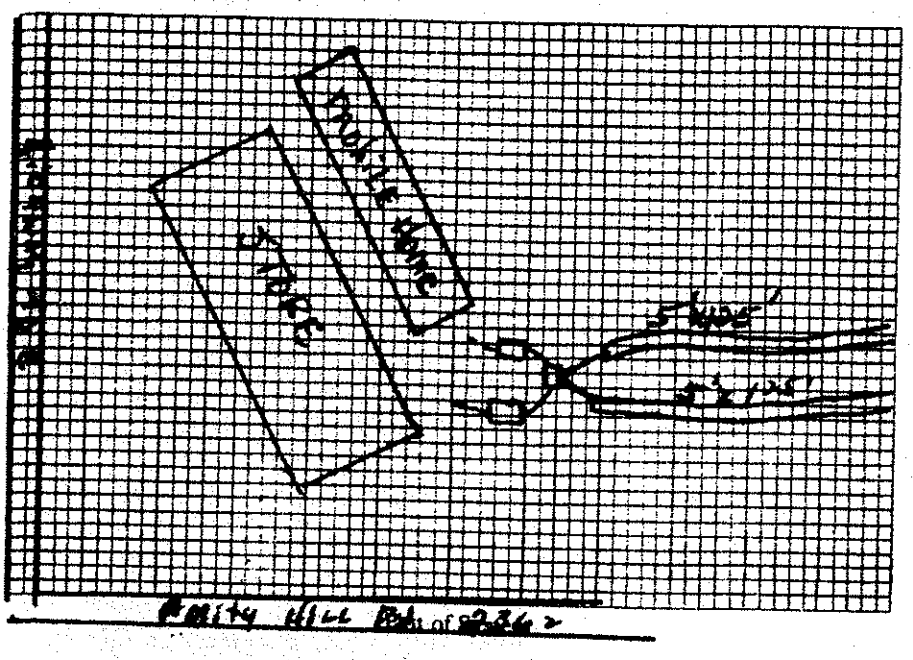
No. Bedrooms 3 No. Bathrooms 4

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Lot Area 200 X 600

Character & Porosity of Soil Yellow Tallow Clay
Percolation Rate _____
Topography Slope to back.
Depth to Water Table _____
Rock or other impervious formations Clean

2 TANKS



Size of Tank 1000 Gals.
Nitrification Field: 2 Fields -
No. of Lines 2 Lines per Field
Sq. Ft. 1250 Linear Ft. 520
Depth of Stone in Lines 18"
Water Supply: Individual (✓)
Public ( )

Installed by Raymond Allen

IMPROVEMENTS PERMIT BY _____

COMMENTS: System not installed as per Layout

CERTIFICATE OF COMPLETION BY _____ DATE 8/20/74

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet ____ *of* ____
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-10	mass C	Vfi Exp					UNS
		10-36	Gr Sap(c)	fr SE					
		36-60	Gr Sap(LCL)	fr SE					
2		0-8	mass C	Vfi EX					
		8-13	WABlk C	Vfi Ex					
		13-29	mass Sap(CL)	fr SE	many Exp clay Incl				
		29-58	CR Sap						
3		0-7	Compacted Fill						
		7-16	ABlk C	Vfi Exp					
		16-57	mass Sap(CL)	fr SE					
			Exp C Incl in Sap						
4		0-8	WSBlk C	Vfi Exp					
		8-18	mass C	Vfi Exp					
		18-39	mass Sap(Lcl)	fr SE	many exp incl + Chroma 2's				
		39-64	mass Sap(Lcl)	fr SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: L.S.S
OTHER(S) PRESENT: _____

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet ____ of ____

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: _____
DATE OF EVALUATION: _____
COUNTY: _____

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
5		0-5	Fill	—					
		5-12	wSBk C	vfi Fyp					
		12-22	ABK C	vfi Fyp					
		22-70	mass Sap (cl)	fr SE					
			Fyp C Inclusions						

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR*	LPP 1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

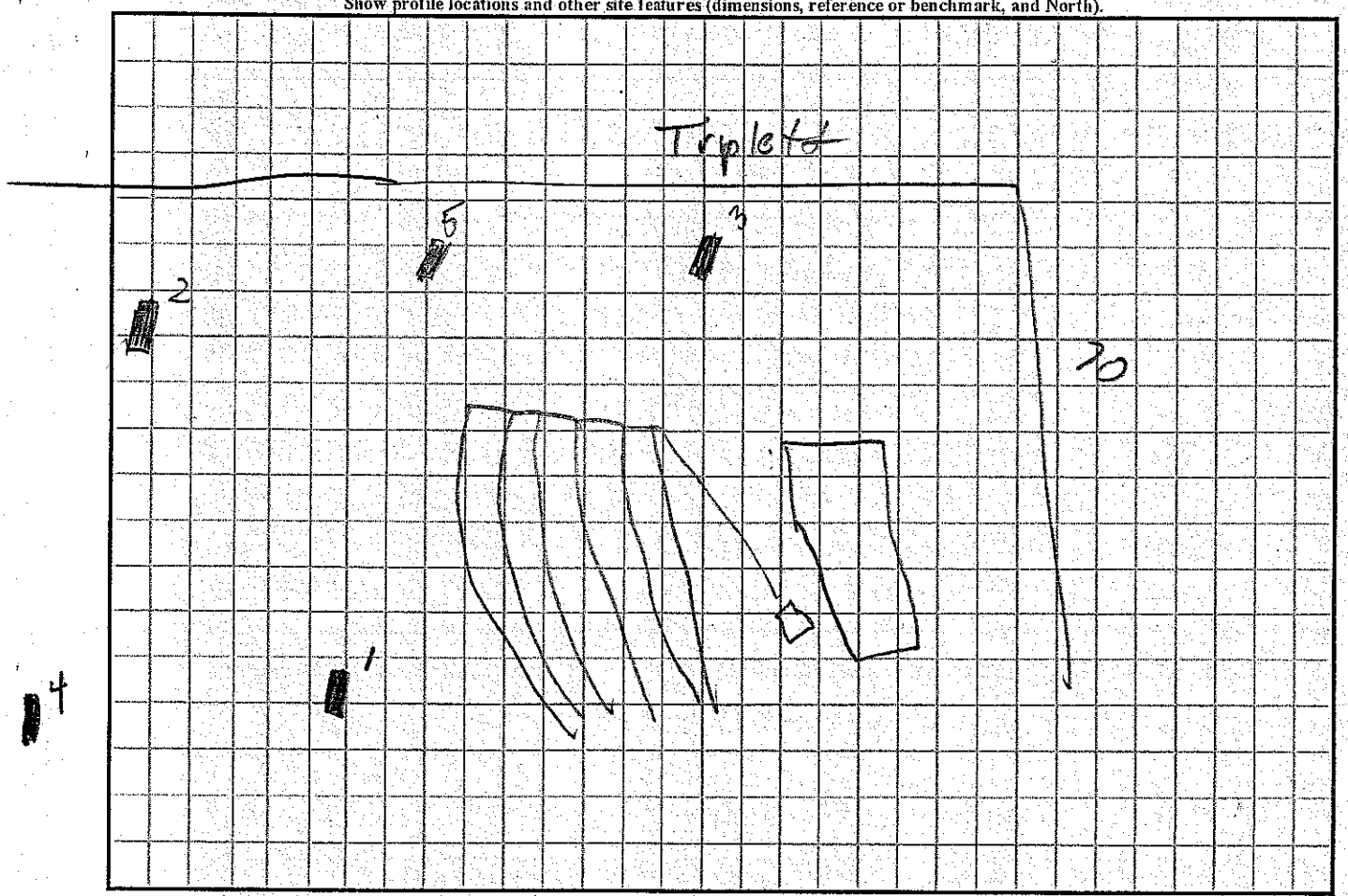
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



13311

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Charles Welling DATE 6-2-92 PERMIT NO. 5JA25

PHONE: Business _____ Home _____

LOCATION 70 E on Rt at Triplett Rd S.R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☐ Business ☐ Other Conv. Store 1 bath 1 Fixture + Foodstand

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes ☐ No ☐

Auto. Dishwasher Yes ☐ No ☐

Auto. Wash. Machine Yes ☐ No ☐

Lot Area _____

Soil Characteristics Clayey

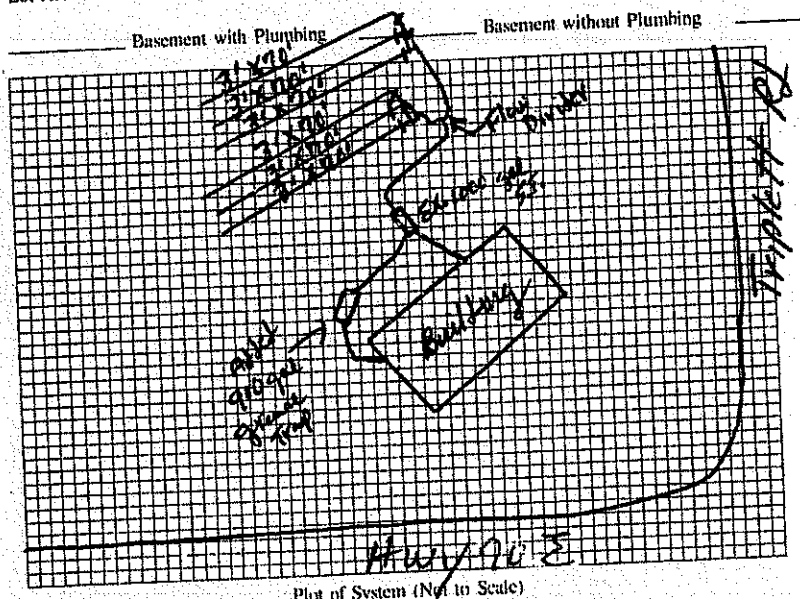
Application Rate 1.2 + 0.69

Topography 2

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 Existing 1000 + 900 gal grease Trap Gals.

Nitrification Field:

No. of Lines 6

Sq. Ft. 1260 Linear Ft. 420

Depth of Stone in Lines 12"

Water Supply: Individual ☒ Public ☐

900 gal grease Trap

Installed by Charles Welling

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 J. C. Moore

COMMENTS Drain lines were Installed 4-15-92 by James Hudler

900 gal grease Trap was Added due to Food Stand being added to Store DATE 6-2-92

CERTIFICATE OF COMPLETION BY J. C. Moore 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

13311.

IREDELL COUNTY HEALTH DEPARTMENT 40974

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Charles Welling DATE 4-15-92 PERMIT NO. SJA25

PHONE: Business _____ Home _____

LOCATION 70 E on Rt. at Triplett Rd

SUBDIVISION NAME _____ S.R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☐ Business ☐ Other Conv. Store 1 bath 1 Fixture

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes ☐ No ☐

Auto. Dishwasher Yes ☐ No ☐

Auto. Wash. Machine Yes ☐ No ☐

Lot Area _____

Soil Characteristics Clayey

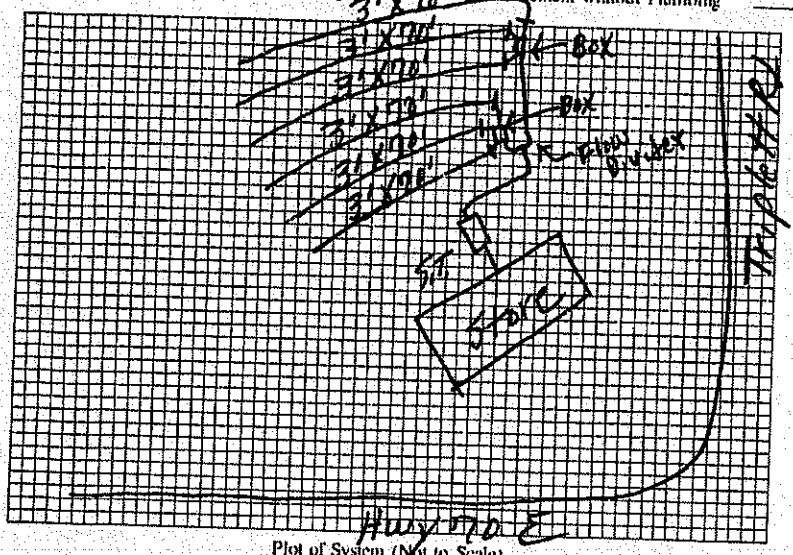
Application Rate .2 gal/ft²/day

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 Existing 1000 Guls.

Nitrification Field:

No. of Lines 6

Sq. Ft. 1260 Linear Ft. 420

Depth of Stone in Lines 12"

Water Supply: Individual ☒

Public ☐

Installed by James Hutler

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 L. C. moore

COMMENTS _____

CERTIFICATE OF COMPLETION BY L. C. moore DATE 4-15-92

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