13973

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Dwight Edwards DATE 2-3-92 PERMIT NO. Pt. of 11K419

PHONE: Business _____ Home _____

LOCATION 64E TL Oltmocksville Rd TR Coolsprings Rd before I 40 on Rt S.R. No. _____

SUBDIVISION NAME Lapish/morrison Property LOT NO. 5 SECTION OR BLOCK NO. _____

House [ ] Mobile Home [✓] Business [ ] Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes [✓] No [ ]

Auto. Dishwasher Yes [✓] No [ ]

Auto. Wash. Machine Yes [✓] No [ ]

Lot Area 5.39 acres

Soil Characteristics Clayey

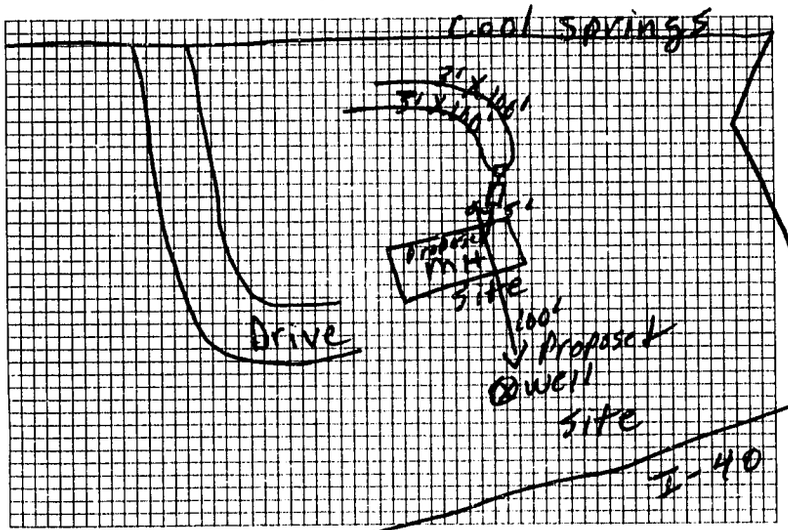
Application Rate .4

Topography 2 to 4%

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 1250 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual [✓]

Public [ ]

Installed by Donald Lackey

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 P. C. Moore

COMMENTS well + Mobile Home not on site at time of this inspection locate them at least minimum distances from Septic Tank System

CERTIFICATE OF COMPLETION BY P. C. Moore DATE 2-3-92

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