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 oltmacksville Rt TR Coolsprings Rt 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 Soil Characteristics Clayey

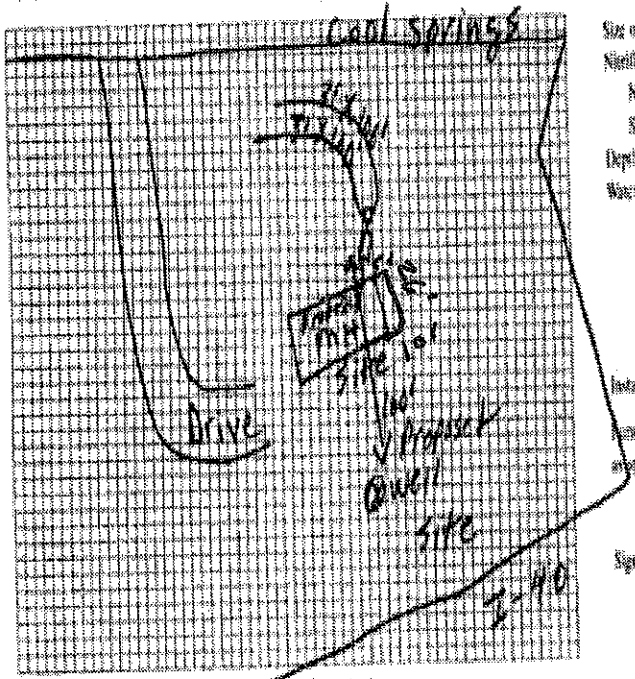
Garbage Disposal Unit Yes ✓ No ☐ Application Rate .4

Auto. Dishwasher Yes ✓ No ☐ Topography 2 to 4%

Auto. Wash. Washing Yes ✓ No ☐ Depth to Water Table 10' +

Lot Area 5.39/acres Rock or other impervious formations None

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



Plot Plan (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 J.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 J.C. moore DATE 2-7-92

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

Location of the proposed SW Room addition does not appear to impact the existing on-site septic system.**NOTE: Keep min. 5' from system

R. Steve Hensley REHS

Date: June 19, 2014

ICHD-Environmental Health Division