15414

IREDELL COUNTY HEALTH DEPARTMENT

PIN# 4654-77-0934

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Ray C Mozeley DATE 2/12/93 PERMIT NO. IC 7A 22

PHONE: Business _____ Home 892-3747

LOCATION Presbyterian Rd; TR on Sink Farm Rd, first lot on (R) on corner

S.R. No. _____

SUBDIVISION NAME Davidson Downs LOT NO. 116 SECTION OR BLOCK NO. 2

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2.5

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area >20,000 FT²

Soil Characteristics P - C / SC

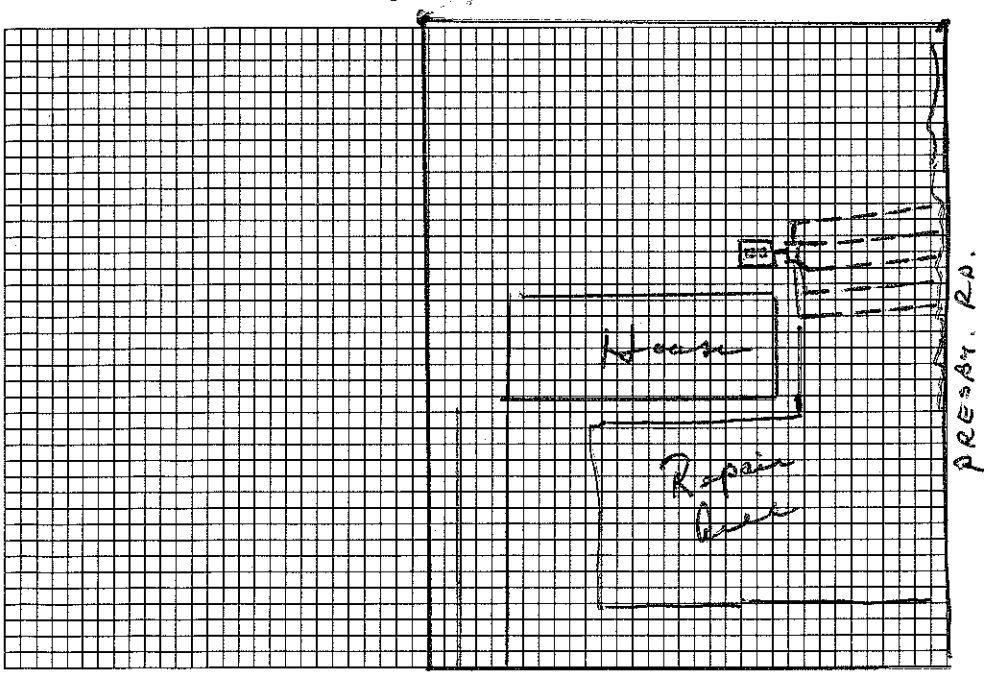
Application Rate P - .3 - .35

Topography P - 2-5%

Depth to Water Table P

Rock or other impervious formations 5 - None found

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



Plot of System (Not to Scale) SINK FARM RD.

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 5 @ 80' x 3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Comm

Public ☑ D/W

Installed by Julian Bowles

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 AWS.

COMMENTS 2/14/93 - Completed trenches and ok'd septic tank - system too wet to cover at this time.

CERTIFICATE OF COMPLETION BY Wesley Sparks DATE 2/22/93

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