15554

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR CURTIS KENNEDY DATE 2/18/93 PERMIT NO. IC 2 A 87

PHONE: Business _____ Home 704-331-0501

LOCATION BUCKINGHAM PLACE AT END ON (R)

S.R. No. _____

SUBDIVISION NAME DAVIDSON DOWNS LOT NO. 87 SECTION OR BLOCK NO. _____

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 ~.84 AC.

Soil Characteristics P - C / SC

Application Rate P - .25 (SL, FINE, SL)

Topography P - 6-8%

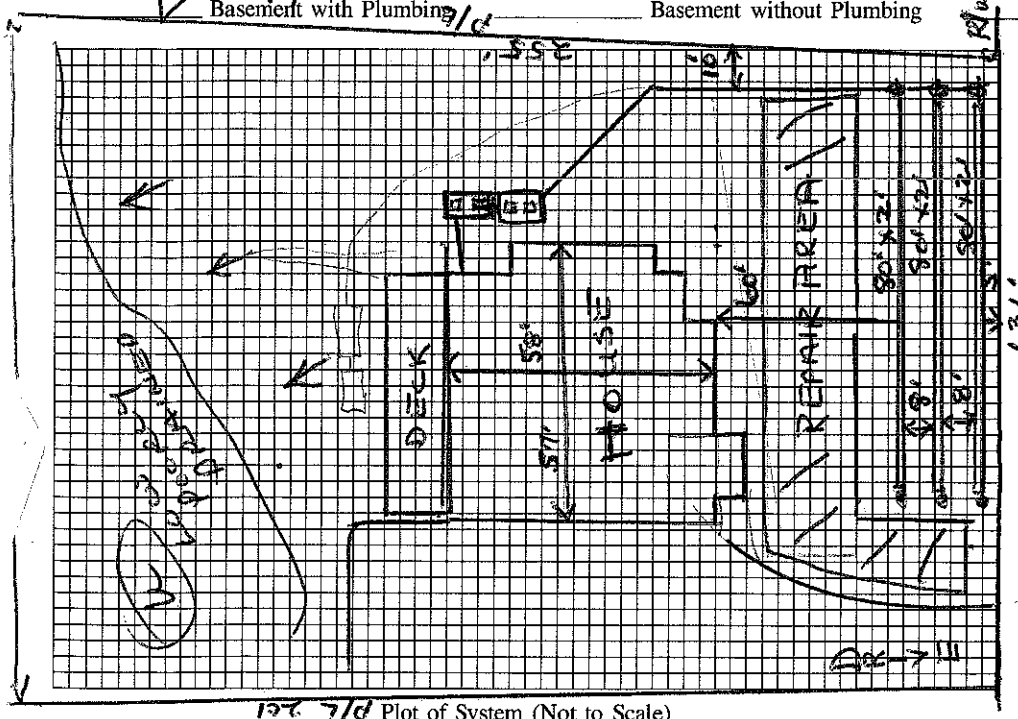
Depth to Water Table B - >40" < 48"

Rock or other impervious formations P >36 < 48 SAPROLITE

32" TRENCH BOTTOM

3/4

Basement with Plumbing 3/4 Basement without Plumbing _____ No Basement _____ Crawl Space



1st 7/d Plot of System (Not to Scale)

Size of Tank 1000 S/T 1000 P/T Gals.

Nitrification Field:

No. of Lines 3 @ 80' x 2'

Sq. Ft. _____ Linear Ft. 240 *

Depth of Stone in Lines 6" SAND ENVELOPE

Water Supply: Individual ☐ COMM 595.

Public ☑

* 16 PREFARKATED PERMEABLE PANELS

Installed by _____

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

COPY MAILED AS REQUESTED

Signed: BY OWNER — AWS.

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

IMPROVEMENT PERMIT BY Wesley Sparks RS.

COMMENTS MAINTENANCE AGREEMENT REQUIRED - LPP DIST. PANELS TRENCH BOTTOM 32" MAXIMUM - ONE 3/16" HOLE PER PANEL - HOLE TURNED UP - GATE VALVES + STAND PIPES IN VALVE BOXES - FLUSH 29 GPM PUMP - ELEVATION HEAD MUST BE MEASURED ONSITE >32' - 2' HEAD PER DRAIN LINE

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