4658318913

IREDELL COUNTY HEALTH DEPARTMENT

14286

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Henry K. Parker DATE 7/15/92 PERMIT NO. IL-A-58

PHONE: Business _____ Home 664-1172

LOCATION 21 N, on L ~ 1 mile from 150 intersection on (L)

S.R. No. _____

SUBDIVISION NAME N/A LOT NO. N/A 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 ~ 1/2 ACRE

Soil Characteristics P - C + TRANS

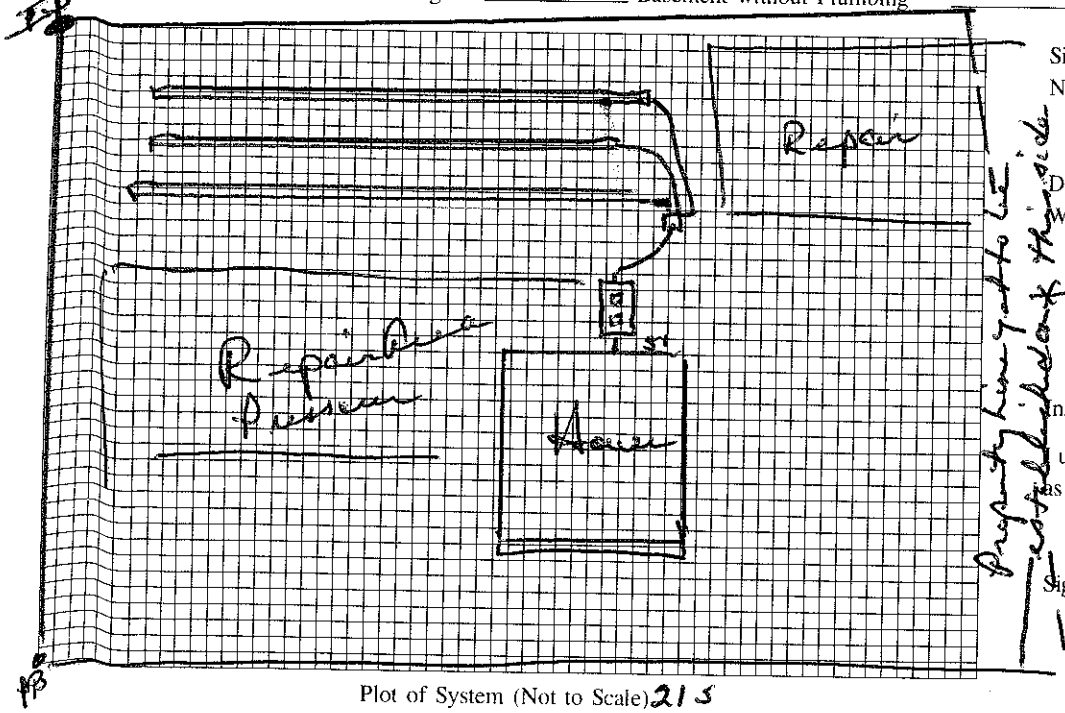
Application Rate P - .25 - .3 (F, SP)

Topography P - 2-3%

Depth to Water Table S - >48"

Rock or other impervious formations S None observed

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



Plot of System (Not to Scale) 21 S

Size of Tank 1600 Gals.

Nitrification Field:

No. of Lines 3 @ 70' x 2'

Sq. Ft. _____ Linear Ft. 210 ±

Depth of Stone in Lines 6" STONE

Water Supply: Individual ☑ ADJOINING PROPERTY

Public ☐

16" Prefab. Panel Block

Installed by Larry Beam

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 _____

COMMENTS _____

CERTIFICATE OF COMPLETION BY Wesley Sparks RS DATE 7/15/92

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

14284

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Henry K Parker DATE 3/27/92 PERMIT NO. IL-A-513

PHONE: Business _____ Home 664-1172

LOCATION 21 North, on (D) ~ 1 mile from 150 intersection

S.R. No. _____

SUBDIVISION NAME N/A LOT NO. _____ SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~ ACRE

Soil Characteristics P - C+TRANS (S - SP - FINE GRAINY)

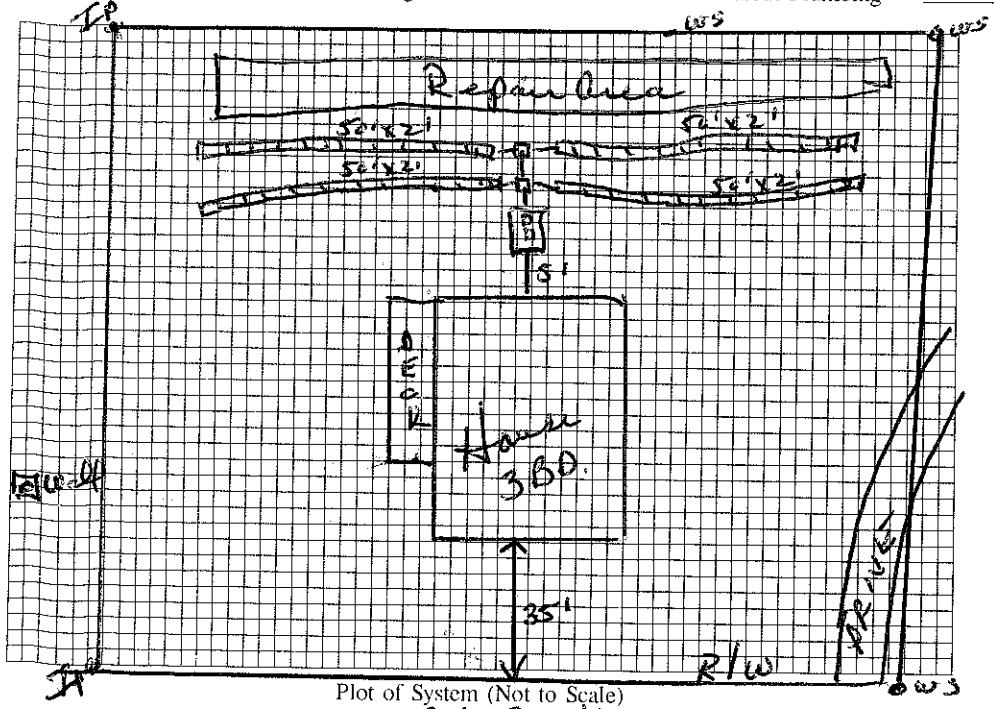
Application Rate .3

Topography 2-30%

Depth to Water Table > 48"

Rock or other impervious formations None found

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



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4 @ 50'x2'

Sq. Ft. _____ Linear Ft. 200+

Depth of Stone in Lines 6" STAND

Water Supply: Individual ☑ ADJOING PROPERTY

Public ☐

* 16" Prefabricated Permeable Panel Blocks

Installed by _____

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

Signed: X David W. Parker

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

21 South

IMPROVEMENT PERMIT BY Wesley Sparks RS

COMMENTS

Trenches installed as shown on slope contour. Trenches no deeper than 30" to trench bottom. No deck or garages on back of house, space is to tight. House should be moved up slope to 35' minimum setback from R/W.

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