15013

IREDELL COUNTY HEALTH DEPARTMENT 4658534591

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Mike + Dale Davis DATE 9/24/92 PERMIT NO IM-9-A-15

PHONE: Business _____ Home 664-3175

LOCATION 21N - Behind Market Basket

S.R. No. _____

SUBDIVISION NAME No LOT NO. _____ SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 2.5

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~ ACERAGE

Soil Characteristics P - C TRANS - SI C

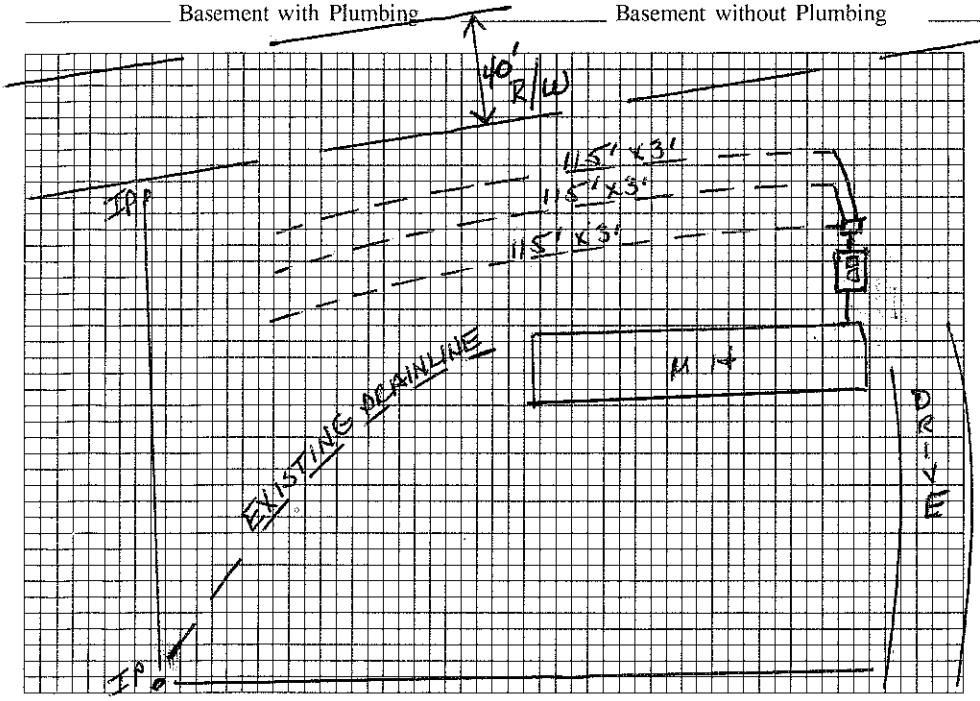
Application Rate P - .25 (F, SP, wk sbk)

Topography P - 3-40%

Depth to Water Table 5 > 48"

Rock or other impervious formations P - 36-40" TO TRANS ZONE

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



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3 @ 112-115' x 3'

Sq. Ft. 990-1000 Linear Ft. 340

Depth of Stone in Lines 12"

Water Supply: Individual ☑ FROM STORE

Public ☐

Installed by Rowan Septic Tank

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 9/24/92

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

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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Mike & Dale Davis DATE 8/5/92 PERMIT NO. IM-9-A-15

PHONE: Business _____ Home 664-3175

LOCATION TR on Lawsa Rd. off 21N, to property immediately on (R) behind Market Basket S.R. No. _____

SUBDIVISION NAME No LOT NO. _____ SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 2.5

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~ ACREAGE

Soil Characteristics P - C TRANSITION

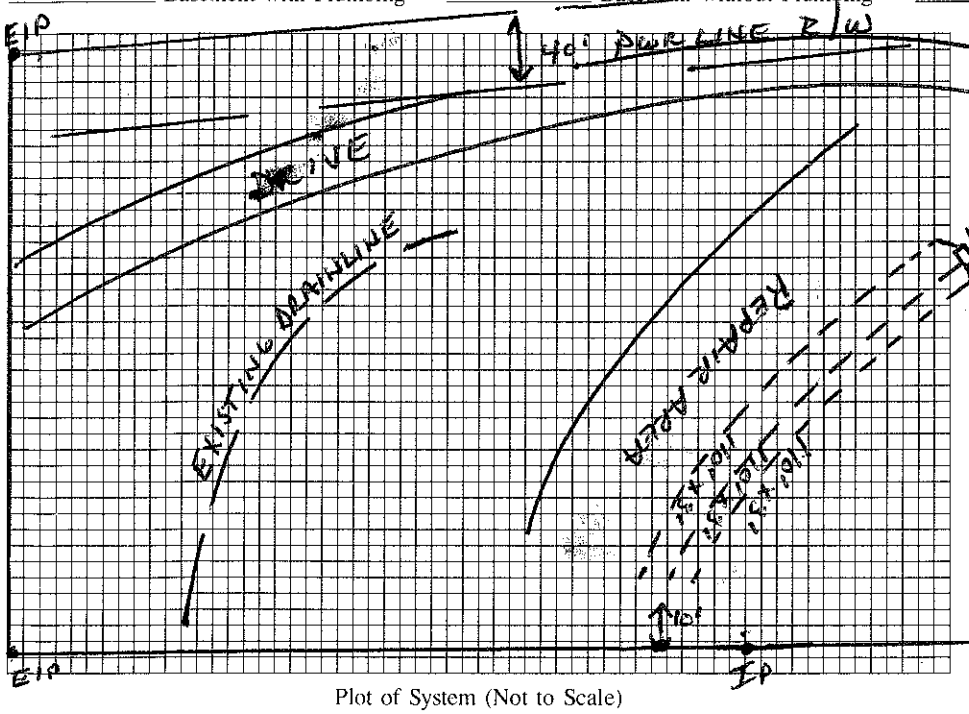
Application Rate P - .25 (F, SA, WK. BK)

Topography P - 3-40%

Depth to Water Table S - >48"

Rock or other impervious formations P - 36-40" TO TRANS

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



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

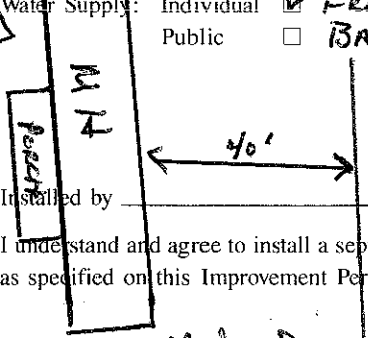
No. of Lines 3 @ 110' x 3'

Sq. Ft. 990 Linear Ft. 330

Depth of Stone in Lines 12"

Water Supply: Individual ☑ FROM MARKET

Public ☐ BASKET



Installed by _____

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

Signed: X Mike Davis

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

P/L

IMPROVEMENT PERMIT BY Wesley Sparks RS.

COMMENTS Keep lines on slope contour in direction shown. Trenches no deeper than 25" to trench bottom. Septic Tank must be set shallow to keep drainfield shallow

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.

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