PH# 4659-14-7198 STB 10/2 9/12/97

15506

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR JC YOUNG DATE 1/7/93 PERMIT NO. IR-1-A-11

PHONE: Business _____ Home 528-4395

LOCATION Parkertown Rd, TL off 115 N, to 2ND Lot on (L) past con lot. S.R. No. _____

SUBDIVISION NAME Clark Estate LOT NO. 4(11) SECTION OR BLOCK NO. 1

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~ 20,000 FT²

Soil Characteristics P - C / SiC TRANS

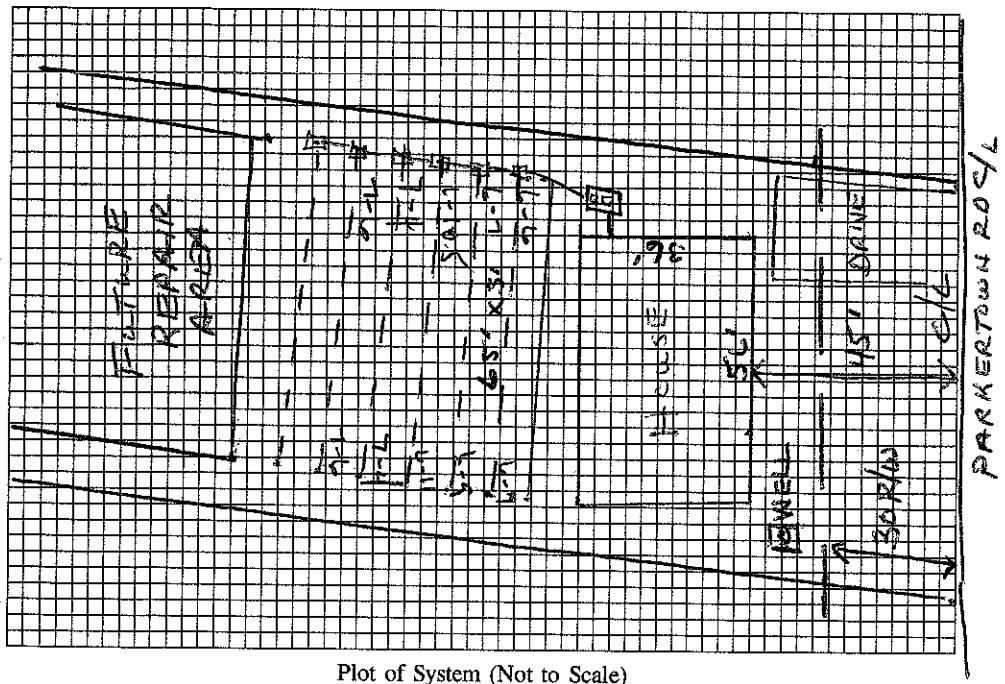
Application Rate P. .3 - .35 (WK, FINE, SS)

Topography P - 3-40%

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)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 6 / 65' x 3'

Sq. Ft. 1170 Linear Ft. 390

Depth of Stone in Lines 12"

Water Supply: Individual ☑ NOT DRILLED YET

Public ☐

Installed by _____

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 Wesley Sparks RS.

COMMENTS Trailer or house not more than 35' from front property line. Septic Tank and Well located as shown. Drop box installation with trenches no deeper than 30" to trench bottom.

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 9/23/97

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