14030

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Robt + Donna Shook DATE 2/7/12 PERMIT NO. IA-B-51

PHONE: Business _____ Home 459-1648

LOCATION 115 N 3rd drive on L past Shepard School, red mailbox, to end of driveway, ~500' behind greenhouse

SUBDIVISION NAME N/A S.R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms ~~3~~ 4 beds No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~1 AC

Soil Characteristics P-c/sc (sp-sbk)

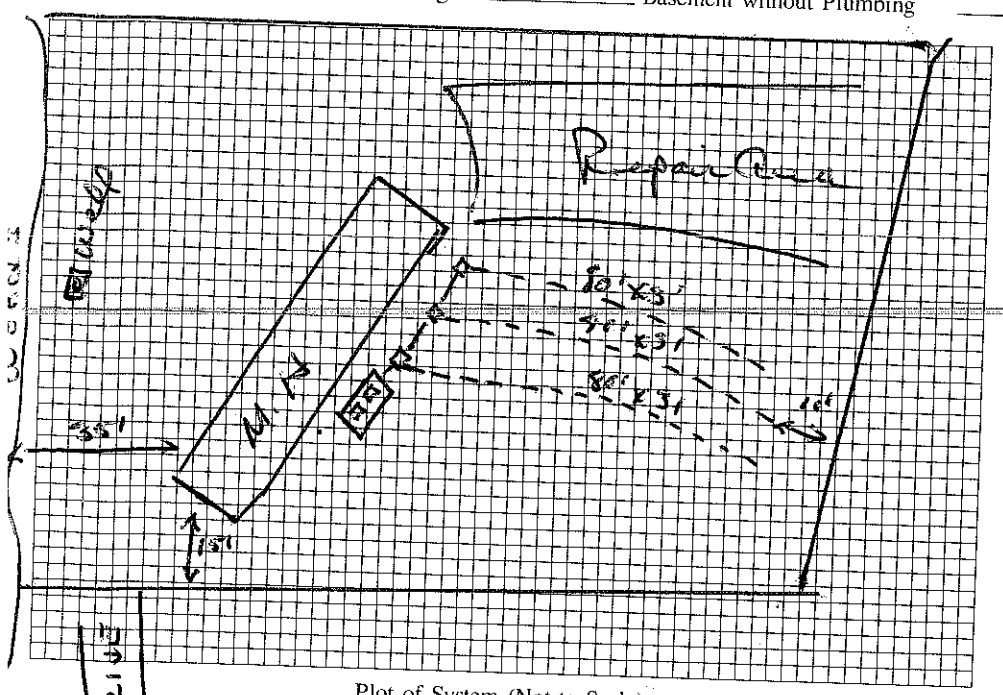
Application Rate .35

Topography 2%

Depth to Water Table >48"

Rock or other impervious formations None found

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



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field: ~~4~~ 3 beds

No. of Lines ~~4~~ 3 @ 80' x 3'

Sq. Ft. 960 Linear Ft. ~~240~~ 320

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

80
3
240
4
960

Installed by _____

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

Signed: X Donna P. Shook

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

IMPROVEMENT PERMIT BY Wesley Sparks RS.

COMMENTS Keep trenches shallow. No deeper than 36" to trench bottom. Lines must be on slope contours as shown here. Minimum separation between well and any part of septic tank system must be 50'

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