2:00

IREDELL COUNTY HEALTH DEPARTMENT

16397

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR ALEX OGDEN DATE 5/28/93 PERMIT NO. 40 / A 17/18

PHONE: Business _____ Home _____

LOCATION SHEPARD RD, TL OFF 115 N, TL ON GRAVEL OVER HILL TO FIRST WOODED LOT on R S.R. No. _____

SUBDIVISION NAME SHEPARDS FIELD LOT NO. 18 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 _____

Soil Characteristics P - SIC / SIC TRANS.

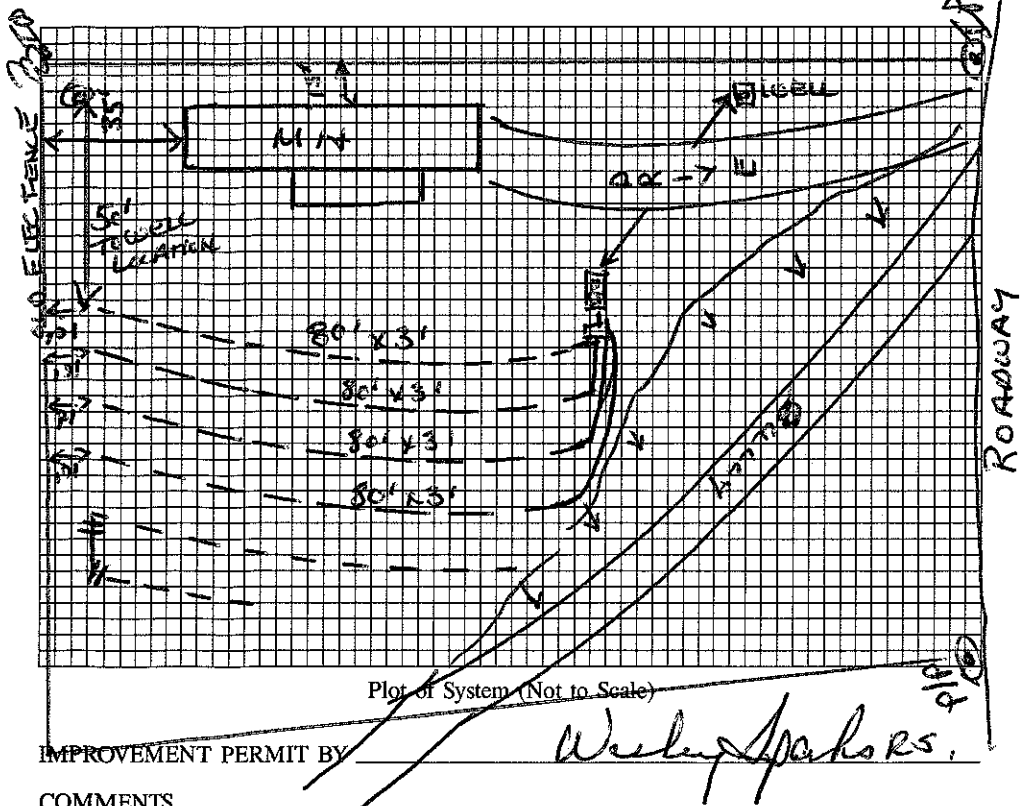
Application Rate P - .25-.3 (WK, SP, WK SBK-SPRM)

Topography P - 8%

Depth to Water Table 5' 4"

Rock or other impervious formations P - COBBLY STONES

_____ 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 5 @ 80' x 3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ NOT DRILLED

Public ☐

Installed by _____

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

Signed: X Alex G. Ogden

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

IMPROVEMENT PERMIT BY Wesley Sparks RS.

COMMENTS Dist. Box may be used in lieu of drop boxes, if speed levelers are used in box. Step downs will be needed in lowest lines to get required footage. ACP STB 782 6-18-93

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