15142

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Sis Smith Sisk Smith DATE 12/9/92 PERMIT NO. 4D-A-49

PHONE: Business _____ Home 663-0174

LOCATION Shepard Rd, 115N TR on Shepard Rd. ~ 1/2 mile on (R)

S.R. No. _____

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

House ☐ Mobile Home ☐ Business ☐ Other ☑ 16' x 26' AUXILLARY BLDG.

No. Bedrooms 0 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/SaC +TRANS

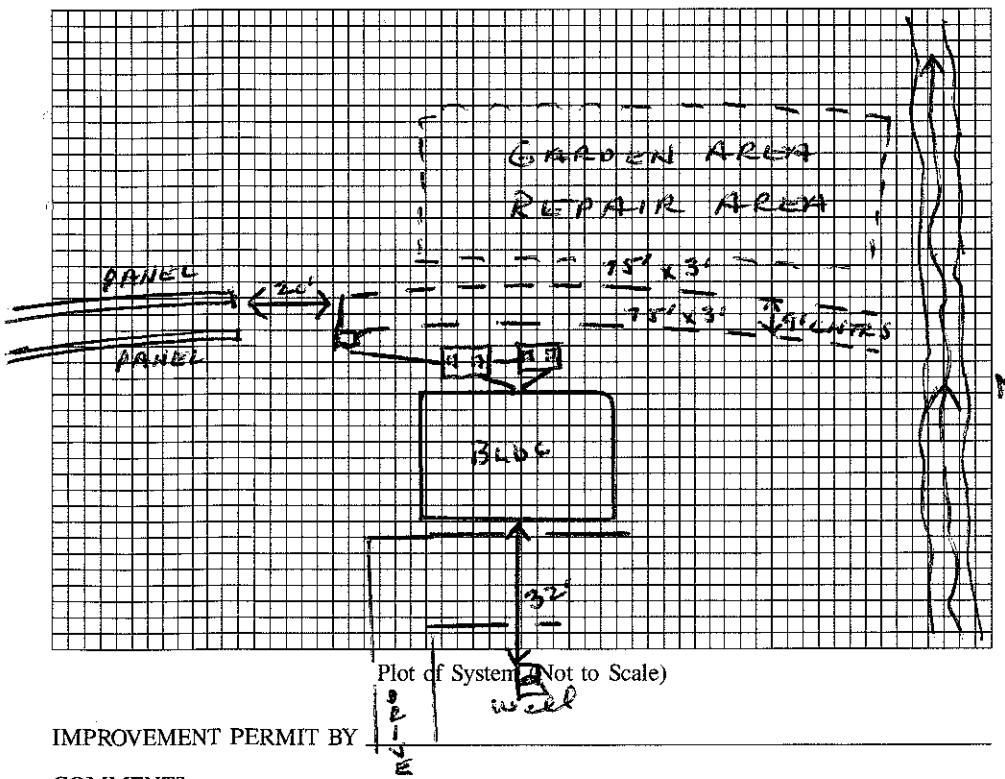
Application Rate P - .35

Topography P - 2-7%

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 - SPT 1000 - GREASE TRAP Gals.

Nitrification Field:

No. of Lines 2 @ 75' x 3'

Sq. Ft. 450 Linear Ft. 150

Depth of Stone in Lines 12"

Water Supply: Individual ☑

Public ☐

Installed by FJ Ewin

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 12/15/92

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

15142

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Sisavath Sisoubath DATE 9/11/92 PERMIT NO. 4D-A-49

PHONE: Business _____ Home 663-0174

LOCATION Shepard Rd; 115N TR ON Shepard Rd. ~ 1/2 mile on (R)

S.R. No. _____

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

House ☐ Mobile Home ☐ Business ☐ Other 16'x24' AUXILLARY BLDG.

No. Bedrooms 0 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

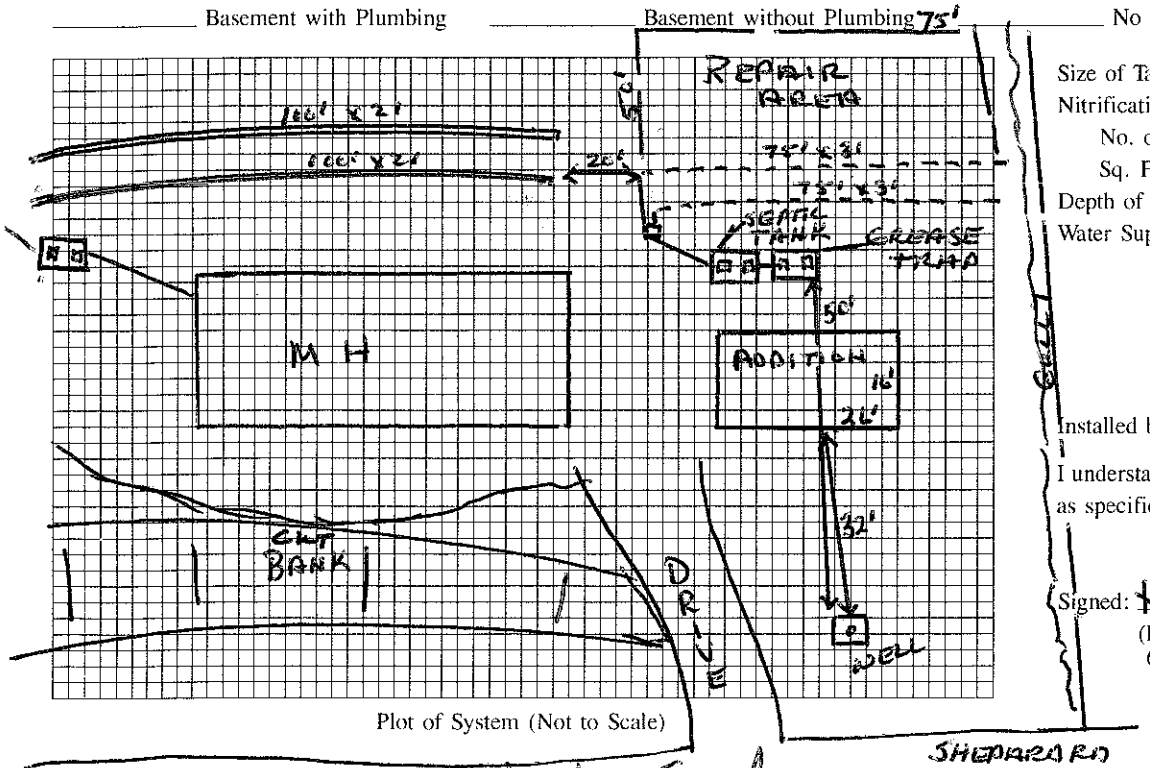
Application Rate P - .35

Topography P - 2-3%

Depth to Water Table S - >48"

Rock or other impervious formations S - NONE OBSERVED

_____ Basement with Plumbing _____ Basement without Plumbing 75' _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 - SEPTIC TANK 1000 - GREASE TRAP Gals.

Nitrification Field:

No. of Lines 2 @ 75' x 3'

Sq. Ft. 450 Linear Ft. 150

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by _____

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

Signed: Wesley Sparks

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

IMPROVEMENT PERMIT BY Wesley Sparks RS.

COMMENTS

BATHROOM TO SEPTIC TANK - PRODUCTION AREA TO GREASE TRAP

KEEP TRENCHES SHALLOW NO DEEPER THAN 36" TO TRENCH BOTTOM, LINES ARE TO BE ON SLOPE CONTOUR IN DIRECTION SHOWN.

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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IREDELL COUNTY HEALTH DEPARTMENT

13547 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Diseveth Siovbrath DATE 11/15/91 PERMIT NO. 40-A-49

PHONE: Business _____ Home 663-0174

LOCATION Shepard Rd; 115N TR ON Shepard Rd., 1/4 mile on (R)

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 3 SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other _____ Triple Wide Trailer

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Character & Porosity of Soil P-C-Sic-Trans

Percolation Rate P 4

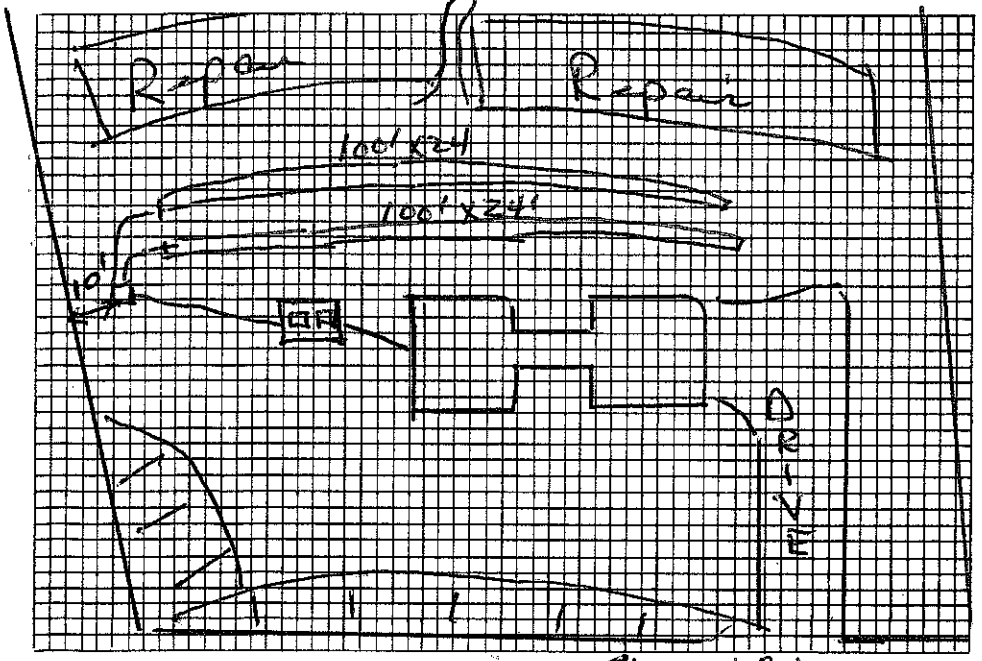
Topography P Irregular - 2-5% 2

Depth to Water Table S > 48"

Rock or other impervious formations P None observed

Lot Area 20,000FT²

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System Shepard Rd.

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2@100' X 24"

Sq. Ft. _____ Linear Ft. 200

Depth of Stone in Lines _____

Water Supply: Individual (✓)

Public ( )

X 16" Prefabricated Pool Block

Installed by F J Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 11/15/91

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 false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

IREDELL COUNTY HEALTH DEPARTMENT

13547

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Sisavath Sisoubath DATE 10/8/91 PERMIT NO. 40-A-49

PHONE: Business _____ Home 663-0174

LOCATION 115 N, TR on Shepards Rd, 1 1/4 mi

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 3 SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other Triplewide Trailer

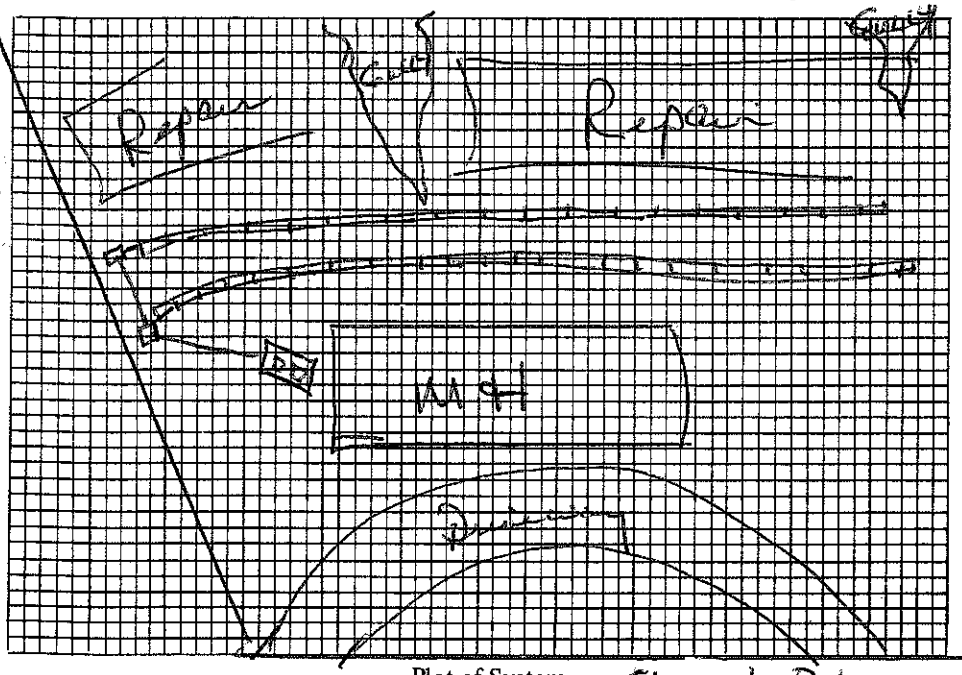
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Character & Porosity of Soil P - cl
Percolation Rate 4
Topography Rolling - P
Depth to Water Table >48"
Rock or other impervious formations No

Lot Area 20,000 FT²

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Plot of System Shepards Rd.

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2 @ 100' x 24"
Sq. Ft. _____ Linear Ft. 200
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )
16" Prefabricated Panel Block System
Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY Wesley Sparks RS.

COMMENTS: Trenches no deeper than 30", Lines installed on contour level as possible and above the gullies just below this system. Surface water management must be done upslope from system.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

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