4659-99-3268

16634

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Jerry Davenport DATE 4/19/93 PERMIT NO. 46 IA 6,7,11

PHONE: Business _____ Home 663-0959

LOCATION Shepard Rd, TR off 115 1.7 miles on (R) approx 800 feet off road in field S.R. No. _____

SUBDIVISION NAME N/A LOT NO. N/A SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~ 3½ Ac

Soil Characteristics P - SIC TRANS

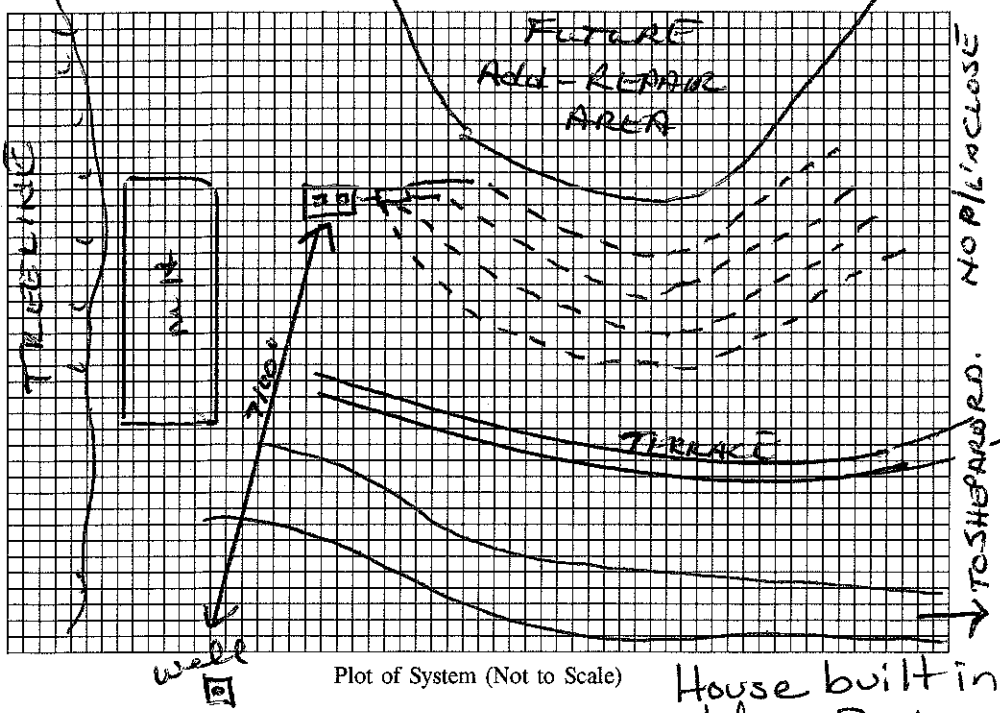
Application Rate P .2-.25 (S, P, WK SBK)

Topography P - 3-6%

Depth to Water Table P - 38 - 40"

Rock or other impervious formations P > 36 < 48" SAPROLITE

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



Plot of System (Not to Scale)

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 4 @ 133-137' x 3'

Sq. Ft. 1620 Linear Ft. 540

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Jerry Davenport

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 _____

House built in 1995 & Connected to this Septic System. Mtt was Supposed to be removed & wasn't.

COMMENTS Trench depth 28-30" to bottom - Shallow

CERTIFICATE OF COMPLETION BY Wesley Sparks DATE 4/19/93

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

16034

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Jerry Davenport DATE 3/30/93 PERMIT NO. 46-1-A-6,7,11

PHONE: Business _____ Home 663-0959

LOCATION Shepard Rd. ; 1.7 miles from 115N on (R) in back of field area S.R. No. _____

SUBDIVISION NAME N/A LOT NO. _____ SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~34.5 AC.

Soil Characteristics P - 5i C, C TRANS.

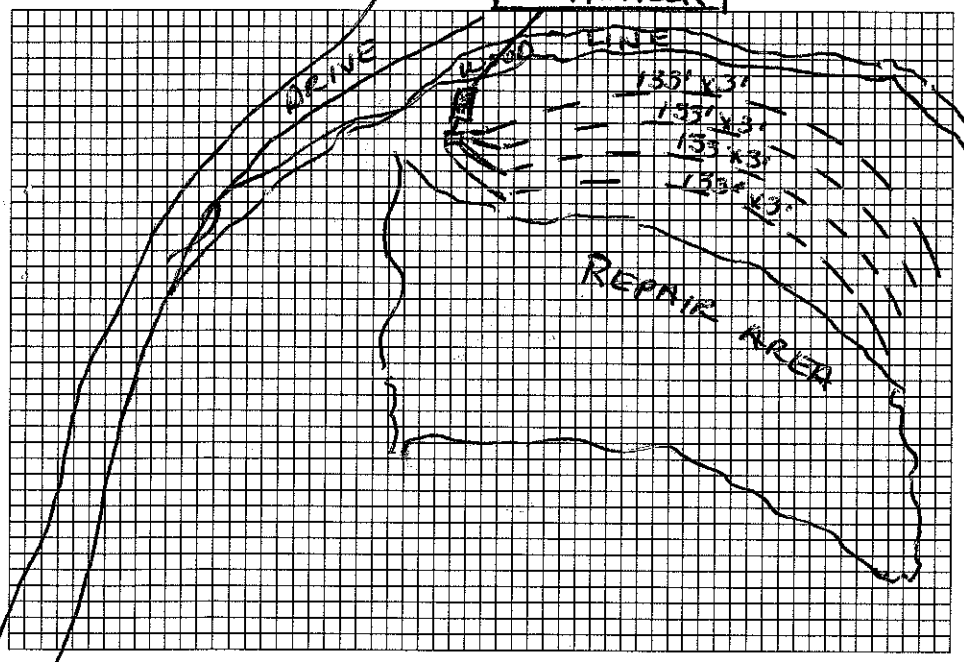
Application Rate P - .2-.25

Topography P -

Depth to Water Table P - 38-40"

Rock or other impervious formations P - >36" TO TRANS.

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



Plot of System (Not to Scale)

Size of Tank 1250 gals 3/30/93 Gals.

Nitrification Field:

No. of Lines 4 (2) 133' X 3'

Sq. Ft. 1560 Linear Ft. 500

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: Jerry Davenport

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

IMPROVEMENT PERMIT BY Wesley Sparks R.S.

COMMENTS Trenches no deeper than 28" to trench bottom.
Trenches on slope contour in manner 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.

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