16034

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

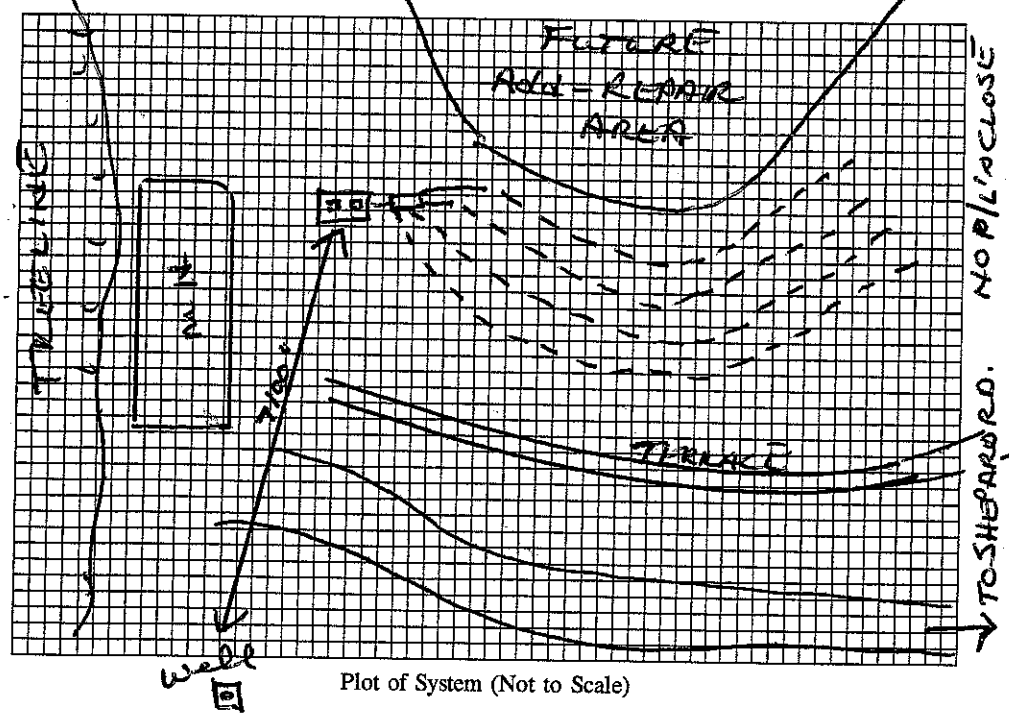
Application Rate P .2-.25 (S, P, w k sbk)

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 _____

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