IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Jean Overcash DATE 5/10/93 PERMIT NO. N/A

PHONE: Business _____ Home 664-5259

LOCATION Shinnville Rd, TR off 115 to 1 mile on (L) from 115 intersection S.R. No. _____

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

House ☐ Mobile Home D/W ☑ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2. Soil Characteristics P - C / SIC TRANS.

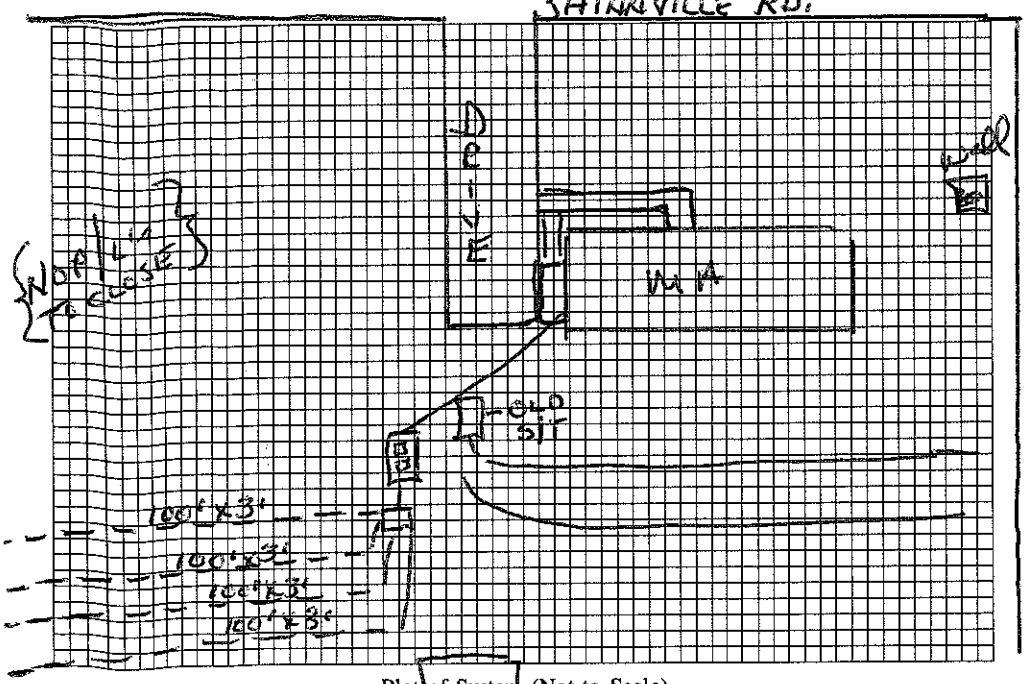
Garbage Disposal Unit Yes ☐ No ☑ Application Rate P - .25-.3 (wk, p, s, wk)

Auto. Dishwasher Yes ☑ No ☐ Topography P - 2-3%

Auto. Wash. Machine Yes ☑ No ☐ Depth to Water Table P - None found 48"

Lot Area Existing Rock or other impervious formations P -

_____ 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 4 @ 100' x 3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Existing

Public ☐

Installed by _____

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

Signed: N/A

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

IMPROVEMENT PERMIT BY Wesley Sparks RS.

COMMENTS GARDEN Keep trenches shallow, no deeper than 36" to trench bottom.

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