4676511775

IREDELL COUNTY HEALTH DEPARTMENT

14637

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Wayne Frick DATE 9/24/92 PERMIT NO. IF-A-31

PHONE: Business 663-2112 Home

LOCATION Enochville Rd; on (L) just past Trexler Rd.

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 3.5

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ACERAGE

Soil Characteristics P - c/c l

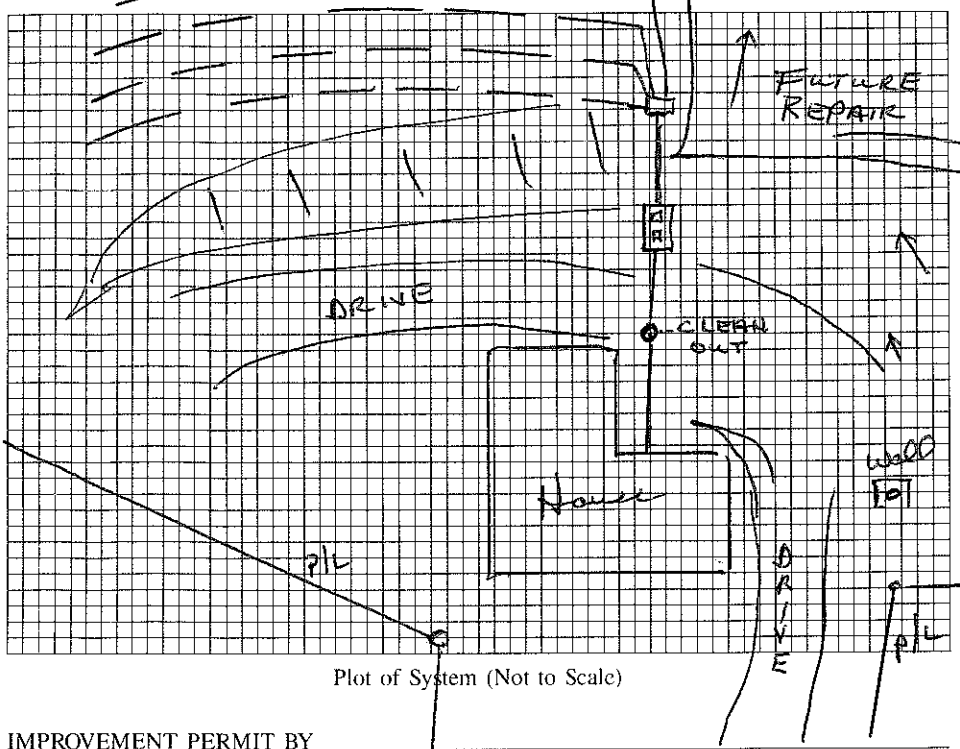
Application Rate P - .4 (wk sbk - sp - sf)

Topography P - 3%

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 1250 Gals.

Nitrification Field:

No. of Lines 4@ 100-102' x 3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Orbison Contracting

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 Good trench depth - 36"

Soils more loamy in this area than found with auger

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 9/24/92

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

3B - 4B

14637

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Wayne Frick DATE 5/18/92 PERMIT NO. IF-A-31

PHONE: Business 663-2112 Home

LOCATION Enochville Rd, on (L) just past intersection of Teeter Rd.

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 3.5

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ACREAGE

Soil Characteristics P - C - SIC

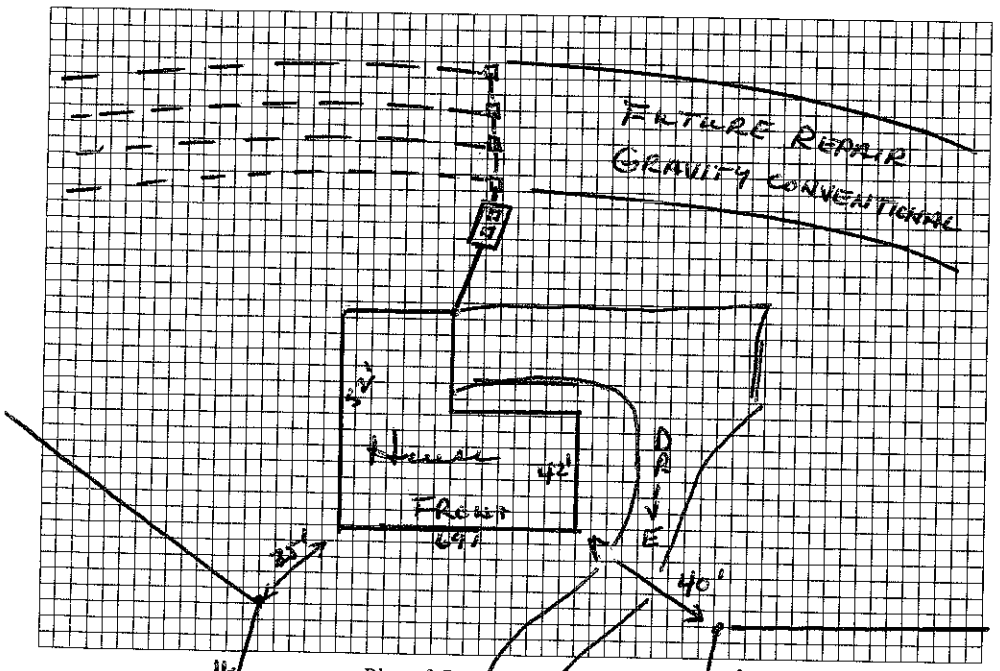
Application Rate P - .4 (WK, SF)

Topography P - 4%

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 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 ☑ NOT DRILLED

Public ☐ YET

Installed by

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

Signed: X Bill Hunter

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

IMPROVEMENT PERMIT BY Wesley Sparks R.S.

COMMENTS

Trenches on slope contour in direction shown. Trenches 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