4730 71 0150

IREDELL COUNTY HEALTH DEPARTMENT

15644

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Ken & Jan Hummel DATE 4/28/93 PERMIT NO. 3F-2-A-25

PHONE: Business _____ Home 528-6311

LOCATION Shady Cove Rd; Perth. N TC on Shady Cove, to 5th lot before end on (R) S.R. No. _____

SUBDIVISION NAME Shady Cove Acres LOT NO. 25 PT 24 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other 1BD - 1BA ADDITION

No. Bedrooms 1 No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Existing

Soil Characteristics P-C / S1 C TRANS

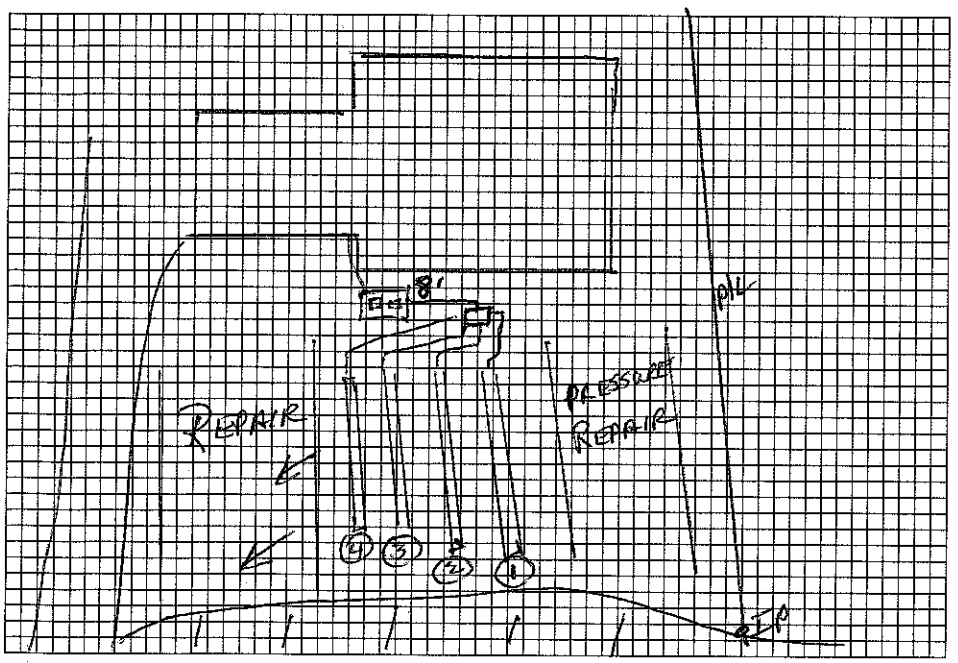
Application Rate P - .25-.3 (wK, SBK, SS)

Topography P - 6-10%

Depth to Water Table S - 48"

Rock or other impervious formations P - >36 < 48" HARD SAP,

_____ 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 (2-20' 2-15')

Sq. Ft. _____ Linear Ft. 70'

Depth of Stone in Lines X 16" PPBS

Water Supply: Individual ☑ Public ☐

Installed by Tim Lemmons

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 AWS.

COMMENTS Tank serviced due to closeness to basement. Installed with minimum fall from D/B to 1st drain line to keep trenches shallow. D/B balanced sequentially 1-2-3-4 to compensate for slope on lot.

CERTIFICATE OF COMPLETION BY Wesley Sparks RS, DATE 4/28/93

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