4740 661858

IREDELL COUNTY HEALTH DEPARTMENT

14389 IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Parker Davidson DATE July 30, '92 PERMIT NO. 4FA106

PHONE: Business _____ Home _____

LOCATION 2 N. TL 1312 TL 1316 (Apple Hill) ~¼ mile on right S.R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 3

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area acreage

Soil Characteristics firm psclay

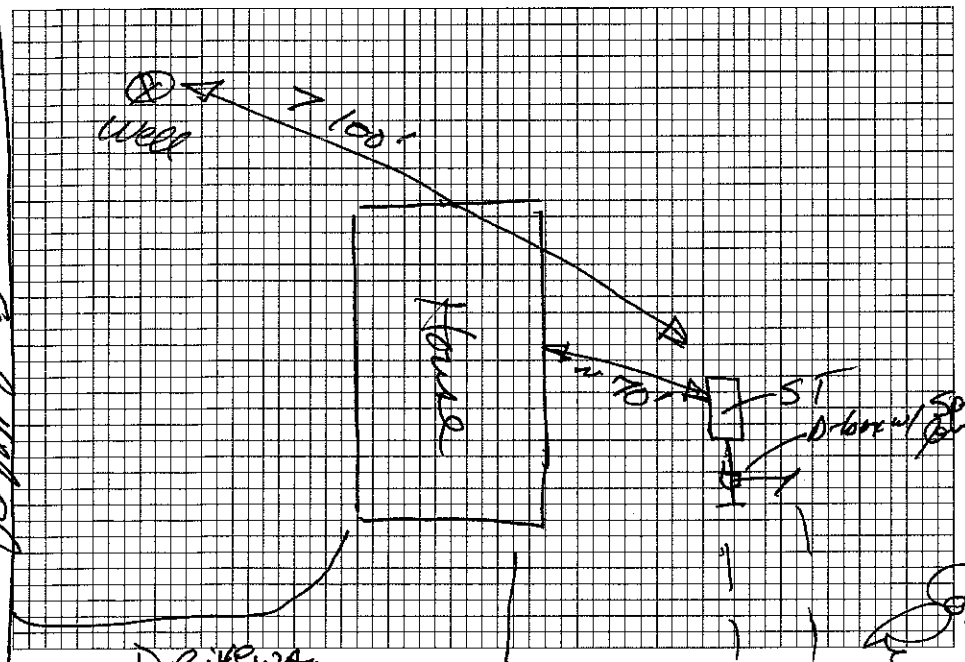
Application Rate .3

Topography 4-6%

Depth to Water Table 76"

Rock or other impervious formations none obs.

_____ ✓ 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 2

Sq. Ft. 840 Linear Ft. 280'

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Frye Grading

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 _____

CERTIFICATE OF COMPLETION BY _____ DATE 7-30-92

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

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14389

OWNER OR CONTRACTOR Parks O. Davidson DATE 4/3/92 PERMIT NO. 4F-A-106

PHONE: Business _____ Home 878-6729

LOCATION Applehill Rd., TR off Flowers Home Lp. in 1/4 mile on R in field S.R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 3

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Acreage

Soil Characteristics P - C / C TRANSITION

Application Rate P .3

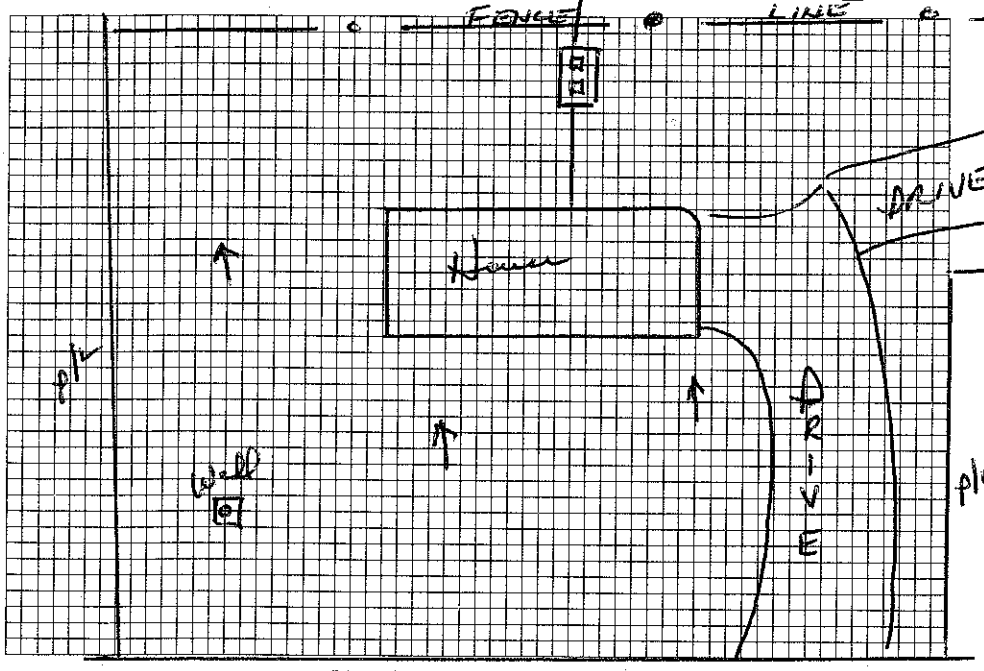
Topography 2-3%

Depth to Water Table >48" 134'X31

Rock or other impervious formations None found

134'X31

☑ Basement with Plumbing ☐ Basement without Plumbing ☐ No Basement ☐ Crawl Space



Plot of System (Not to Scale) APPLEHILL RD.

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2@ 134'X3'

Sq. Ft. 800 Linear Ft. 268

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by _____

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

Signed: X B. Darrell Nantz

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

IMPROVEMENT PERMIT BY Wesley Parks RS.

COMMENTS Trenches no deeper than 36" to trench bottom. use drop boxes as shown here

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY _____ DATE _____

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