IREDELL COUNTY HEALTH DEPARTMENT

14386

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Lynn Sherrill DATE 4/7/92 PERMIT NO. 4H-B-28

PHONE: Business _____ Home 664-3479

LOCATION Brawley Rd, TL off Shinnville Rd ~ 300' on (L) in field

S.R. No. _____

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

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2.5

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 3.6 Ac.

Soil Characteristics P - SIC / SIC-TRANSITION

Application Rate P @ 31

Topography P 2-3%

Depth to Water Table > 48"

Rock or other impervious formations None observed

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement _____ Crawl Space

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4 @ 100' x 3'

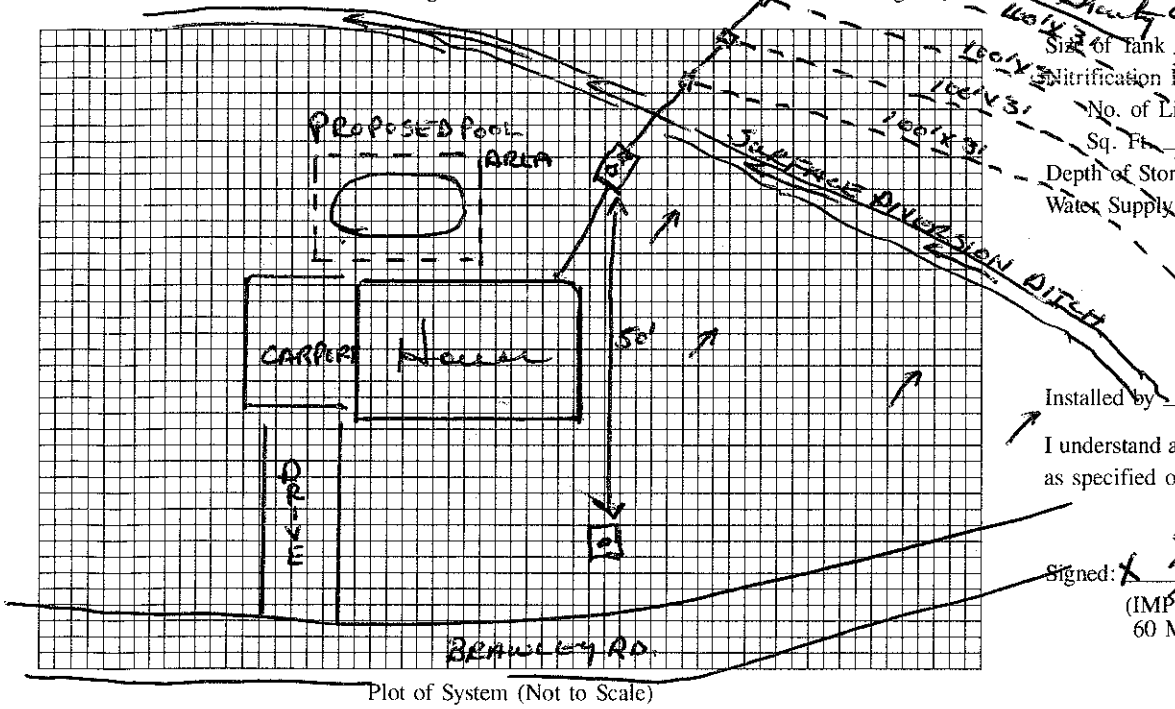
Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ NOT DRILLED YET

Public ☐

Repair System Plans Conventional



Plot of System (Not to Scale)

Installed by _____

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

Signed: Lynn Sherrill

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

IMPROVEMENT PERMIT BY Wesley Sparks RS.

COMMENTS Trenches no deeper than 36" to trench bottom; lines on slope contour in direction shown.

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