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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Jeffery Parker DATE 2/9/93 PERMIT NO. 4JA77

PHONE: Business _____ Home 663-2465

LOCATION Shinnville Rd; 2 miles on (R) from intersection of Oswalt Smith Rd. (R) on dirt drive 1st on (R) corner S.R. No. _____

SUBDIVISION NAME JR Bowles (pt of Homer Tilbert Estate) LOT NO. _____ SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~20,000 FT²

Soil Characteristics P-C / C TRANS

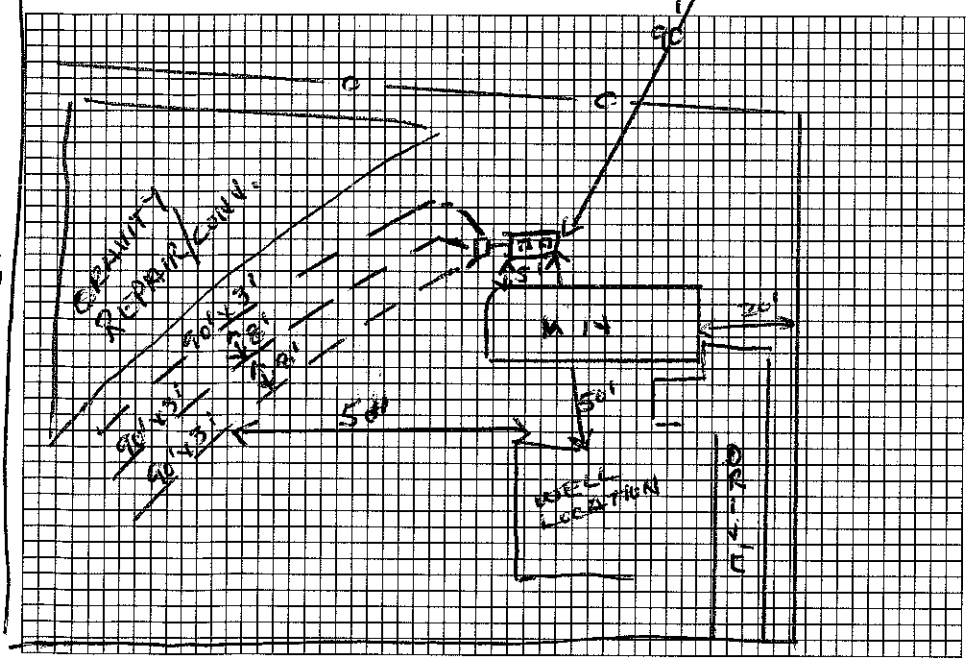
Application Rate P - .25 - .3 (wk, ss, p)

Topography P - 2-3%

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) R.S.

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3 @ 90 x 3'

Sq. Ft. 810 Linear Ft. 270

Depth of Stone in Lines 12"

Water Supply: Individual ☑ NOT DRILLED

Public ☐

Installed by Culbertson

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 Wesley Sparks R.S. DATE 2/9/93

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

15447

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Jeffery Parker DATE 11/16/92 PERMIT NO. 4J-A-77

PHONE: Business _____ Home 663-2465

LOCATION Shinnville Rd; 2 mile on (R) from Oswalt Bridge Rd., eighty feet on (R) at corner of dirt drive

SUBDIVISION NAME J R Bowles (part of Homer Talbert Estate) LOT NO. _____ S.R. No. _____ SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~ 20,000 FT2

Soil Characteristics P - C / C TRANS.

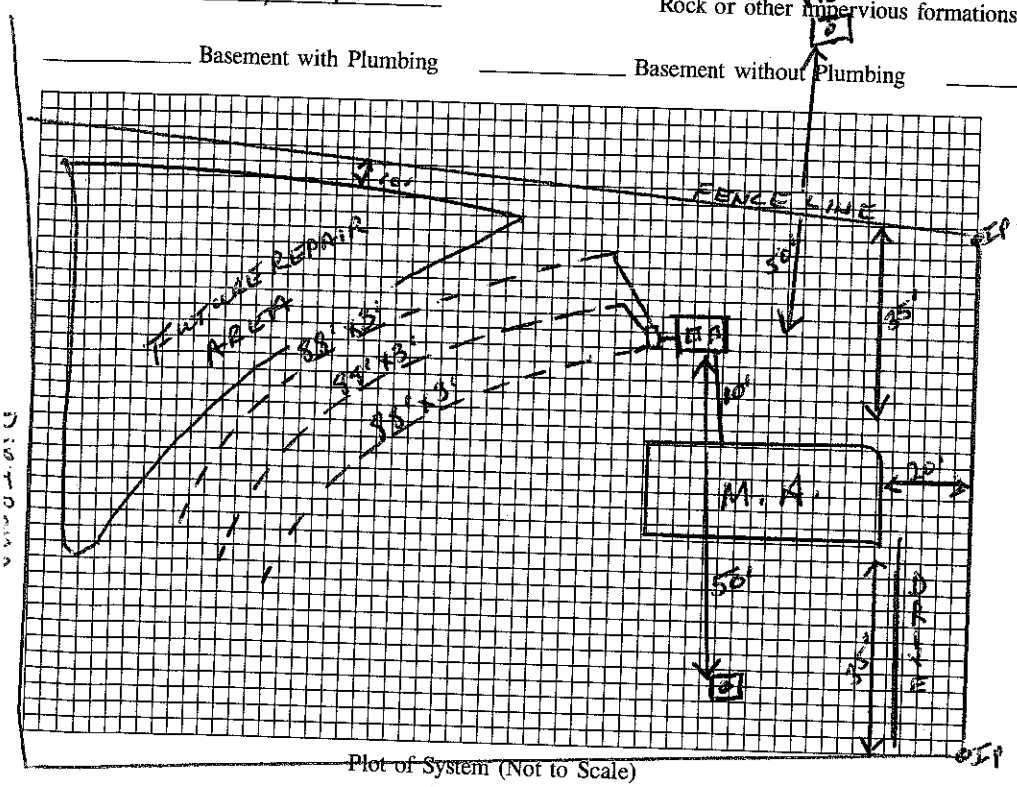
Application Rate P - .3 / wk,

Topography P - 2-4%

Depth to Water Table S 24"

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 3 @ 93' K 3'

Sq. Ft. 780 Linear Ft. 260

Depth of Stone in Lines 12"

Water Supply: Individual ☑ NOT ARRIVED YET.

Public ☐

Installed by _____

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

Signed: William Frye

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

IMPROVEMENT PERMIT BY SHINNVILLE RD. Wesley Sparks R.S.

COMMENTS Revision of old permit issued 6/21/89

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