IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15125

OWNER OR CONTRACTOR R. EUGENE SHUFFLER DATE 10/15/92 PERMIT NO. 16K-A-4

PHONE: Business _____ Home _____

LOCATION I-77 N, TR NC 901 E, TL EAGLE MILL ROAD, ON (R) JUST BEFORE CROSSING I-77 N S.R. No. _____

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

House ☐ Mobile Home ☐ Business ☑ Other CATTLE BARN & SALES OFFICE W/4 EMPLOYEES

No. Bedrooms N/A No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☐ No ☑

Auto. Wash. Machine Yes ☐ No ☑

Lot Area 143 Ac

Soil Characteristics PS

Application Rate 0.35 GPD/FT²

Topography 4-6% LINEAR

Depth to Water Table 54"

Rock or other impervious formations NONE

_____ Basement with Plumbing

Basement without Plumbing _____ ✓ No Basement _____ Crawl Space

Size of Tank 1000 Gals.

Nitrification Field:

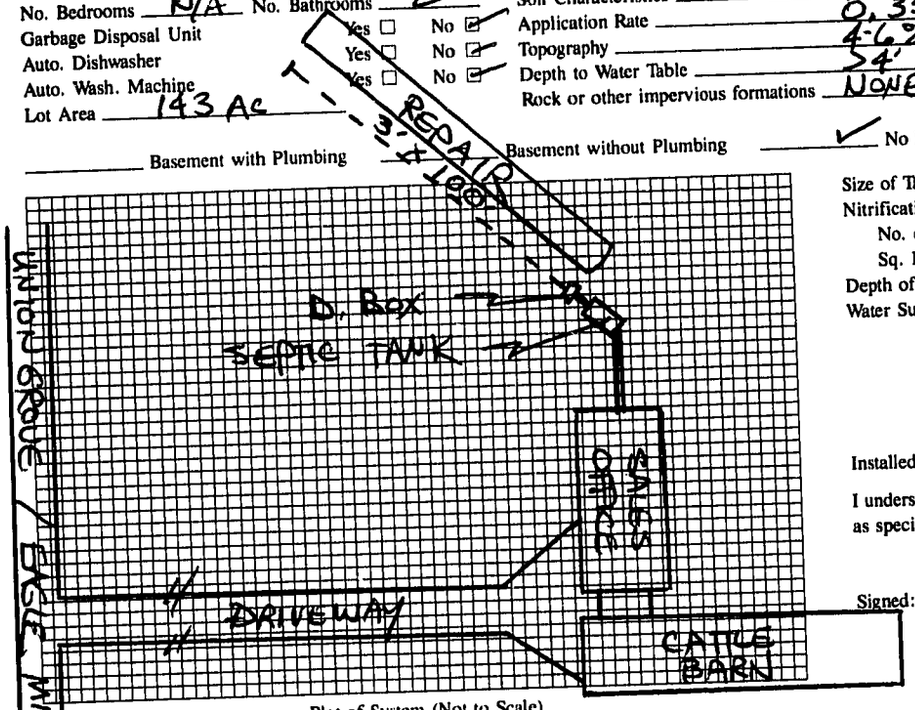
No. of Lines 1

Sq. Ft. 300 Linear Ft. 100

Depth of Stone in Lines 12"

Water Supply: Individual ☑ WELL

Public ☐



Plot of System (Not to Scale)

Installed by A-1 BACKHOE

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 STEVE HEDRICK

COMMENTS REPAIR AREA IS 100% CONVENTIONAL GRAVITY-FED

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 10/15/92

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