4626499803

IREDELL COUNTY HEALTH DEPARTMENT

15360

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Richard & Carol Luttrell DATE Feb 10, '93 PERMIT NO. 2224402

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 1457 (High Ln.) TR 1st street TL next street on right at end S.R. No. _____

SUBDIVISION NAME Crescent / Lake Norman LOT NO. 402 SECTION OR BLOCK NO. 8

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 4

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 1.39 Ac.

Soil Characteristics ps clay

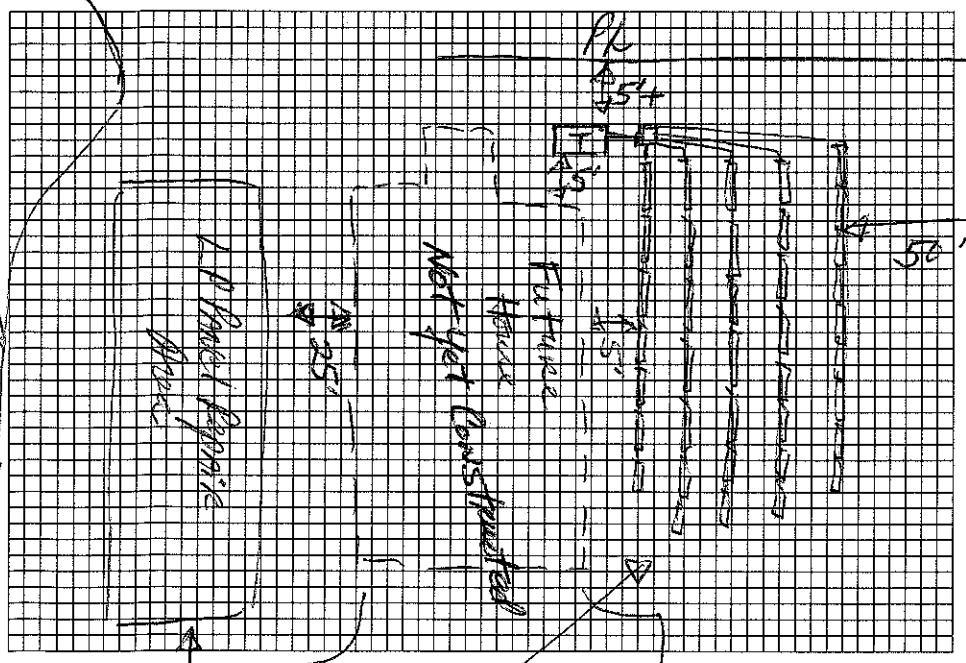
Application Rate .3 gal/ft²/day

Topography 4-6%

Depth to Water Table 7'+

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 1500 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. _____ Linear Ft. 280' of

Depth of Stone in Lines 16" PPBS

Water Supply: Individual ☑

Public ☐

Installed by Richard Abernathy

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 DRH

COMMENTS 50' 1 50' Tanks & drainfield checked by DR Hinson

D-box & hookups checked by Wesley Sparks.

Old well abandonment checked by DR Hinson

@ New Well site

Operation permit

CERTIFICATE OF COMPLETION BY David R. Hinson, RS DATE 3/10/'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

12.00

15360

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Richard & Carol Luttrell DATE Jan. 7, '93 PERMIT NO. 2L2A402

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 1457 (Bigh Cir.) TR 1st gravel street TL Next gravel road at end on right S.R. No. _____

SUBDIVISION NAME Crescent / Lake Norman LOT NO. 402 SECTION OR BLOCK NO. 8

House ☑ Mobile Home ☐ Business ☐ Other This permit replaces permit issued 12/21/92 DLH

No. Bedrooms 4 No. Bathrooms 4

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 1.39 Ac

Soil Characteristics PS clay

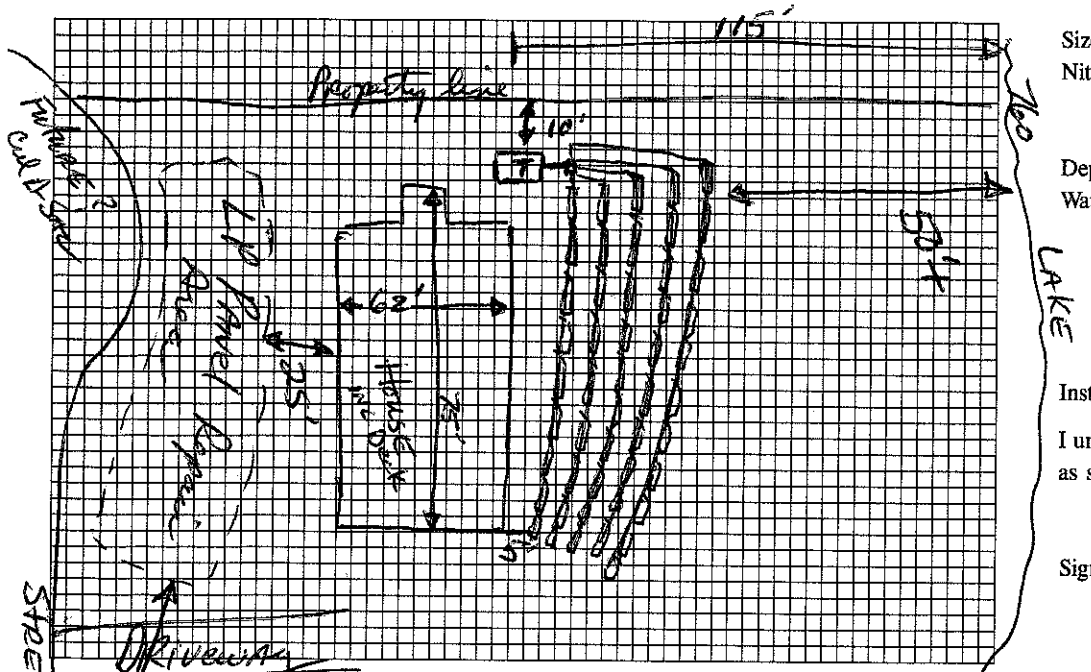
Application Rate .3 gal/ft²/day

Topography 4-6%

Depth to Water Table 7'4"

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 1500 Gals.

Nitrification Field:

No. of Lines ~5

Sq. Ft. _____ Linear Ft. 270' of

Depth of Stone in Lines 16" PPBS

Water Supply: Individual ☑ gravity flow

Public ☐

Installed by _____

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

Signed: Carol M Luttrell

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

IMPROVEMENT PERMIT BY DL Amin, RS

COMMENTS Existing well to be properly abandoned @ New Well site while Health Dept. representative on site. Follow contour with new drainfield.

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