14114

IREDELL COUNTY HEALTH DEPARTMENT

PIN# 4636-63-6719

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Bruce Wilson DATE 11/19/92 PERMIT NO. 2K-26

PHONE: Business _____ Home 892-9779

LOCATION Statts Rd, TL on new gravel before Nouwen Woods, to cul de sac
Lot on (L) of cul de sac S.R. No. _____

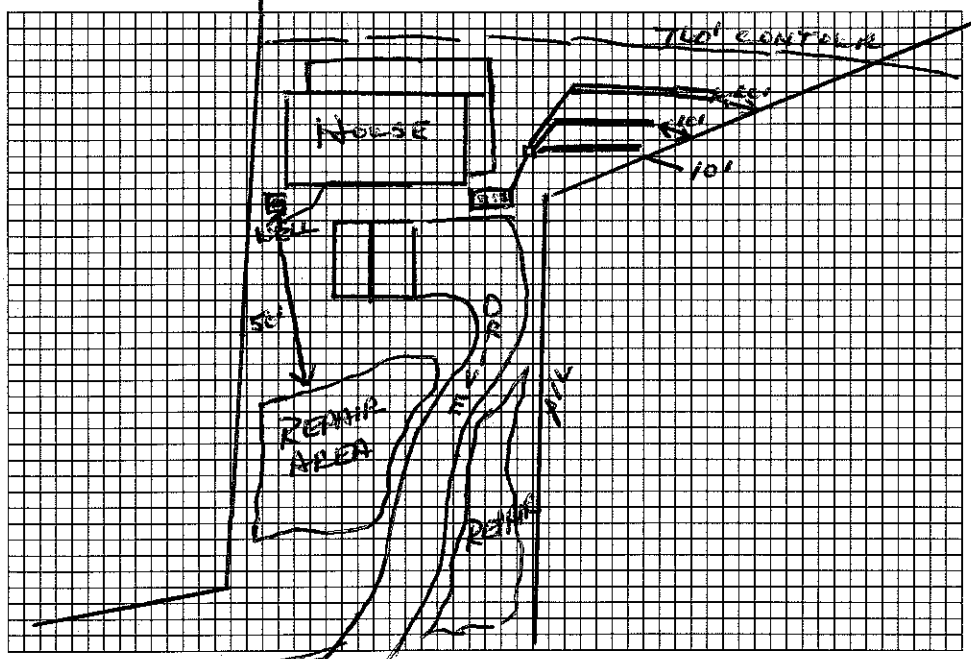
SUBDIVISION NAME Bridle Path Point LOT NO. 6 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 2
Garbage Disposal Unit Yes ☐ No ☑
Auto. Dishwasher Yes ☑ No ☐
Auto. Wash. Machine Yes ☑ No ☐
Lot Area 20,000 FT²

Soil Characteristics P - C (SA-WK)
Application Rate P - .4
Topography P - 2-3%
Depth to Water Table 5 > 48"
Rock or other impervious formations 5

✓ 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 @ 45' x 2' *
Sq. Ft. _____ Linear Ft. 135 *
Depth of Stone in Lines 6" STONE
Water Supply: Individual ☑ UNDER CONST.
Public ☐

* 16" Pressure Panel Drainfield

Installed by F J Ewin

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 _____

COMMENTS Pump will be necessary to reach repair area on this site.

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 11/19/92

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