4638-32-4815

14365

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Gary and Gail Galbreath DATE 11/12/92 PERMIT NO. 2P-13-A-12

PHONE: Business _____ Home _____

LOCATION Normandy Rd. to lot on ⓛ left end de sac

S.R. No. _____

SUBDIVISION NAME Normandy Hills LOT NO. 12 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 2.5

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~.84 AC

Soil Characteristics P - C

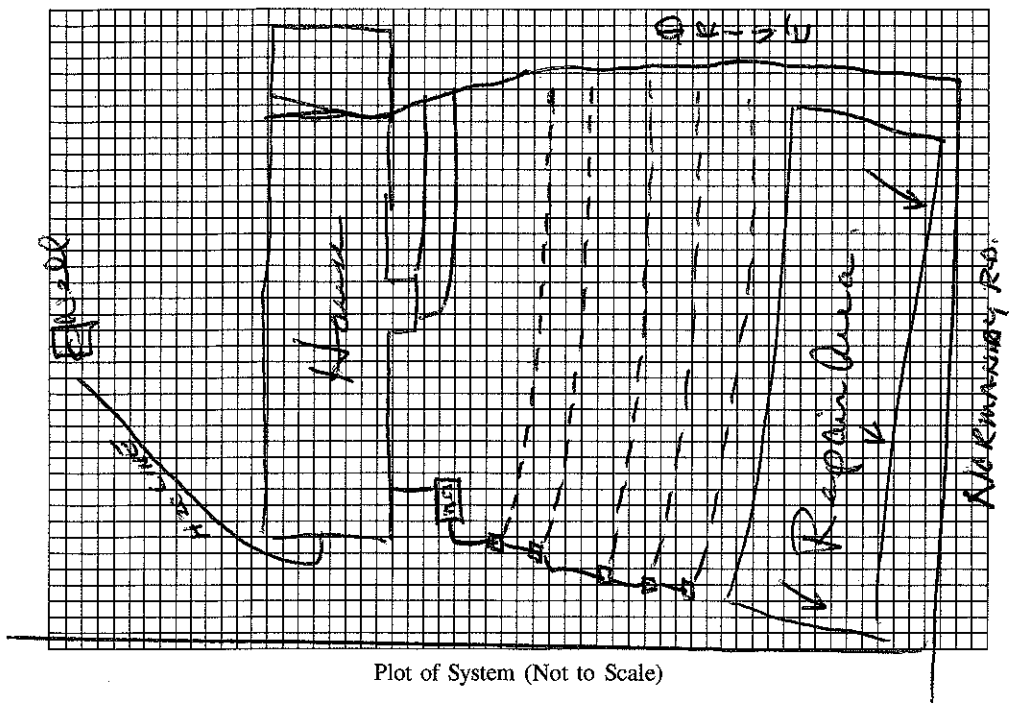
Application Rate P .35

Topography P - S - well

Depth to Water Table 5 > 48"

Rock or other impervious formations 5 - None Found

_____ 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 @ 85' x 3'

Sq. Ft. 1275 Linear Ft. 425

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Howell Grading (CABARRUS)

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 _____

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 11/12/92

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

14365

9:30-9:45

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Gary and Gail Galbreath DATE April 6, '92 PERMIT NO. 2P-13-A-12

PHONE: Business ______ Home ______

LOCATION 150 W. TR 1303 N. (Perth Rd) TR 1428 (Normandy Rd.) on left approx. 1/4-1/2 mile before end of road S.R. No. ______

SUBDIVISION NAME Normandy Hill LOT NO. 12 SECTION OR BLOCK NO. ______

House ☑ Mobile Home ☐ Business ☐ Other ______

No. Bedrooms 4 No. Bathrooms 2.5

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☐ No ☐

Lot Area .84AC

Soil Characteristics PS clay

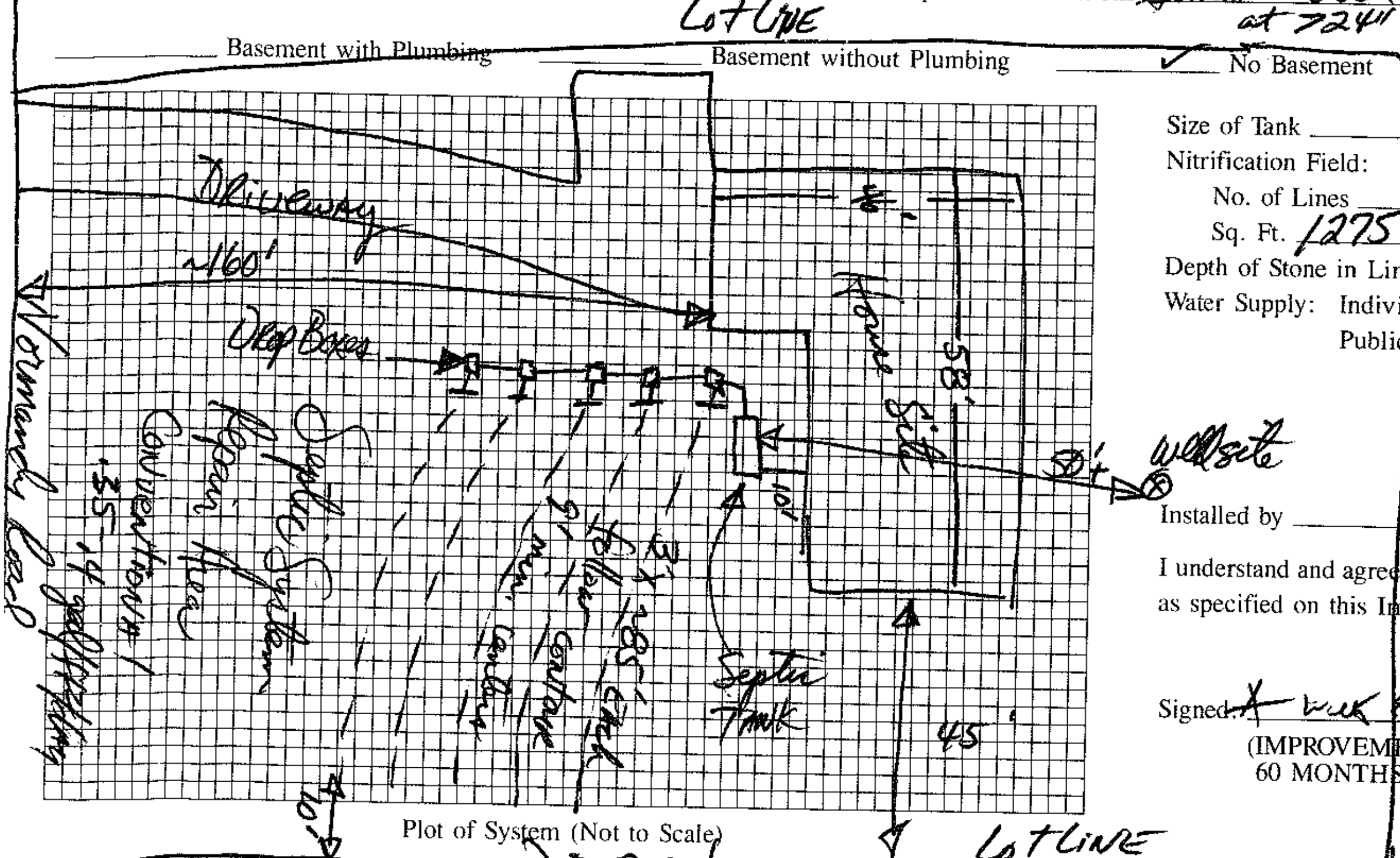
Application Rate .35-.40

Topography ~8-10%

Depth to Water Table > 4'

Rock or other impervious formations some scattered weathered rock at > 24"

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



Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 1275 Linear Ft. 425

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by ______

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

Signed [signature]

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

Plot of System (Not to Scale)

IMPROVEMENT PERMIT BY Donald Anson, RS.

COMMENTS Follow contour with drainfield. 24" minimum trench bottom depth. 36" maximum trench bottom depth.

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