IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Neil Craig DATE 4-2-75 PERMIT NO. 55

PHONE: Business _____ Home _____

LOCATION 150 w TR on 1305 TL on 1305 TR on 1442 1st on Right

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

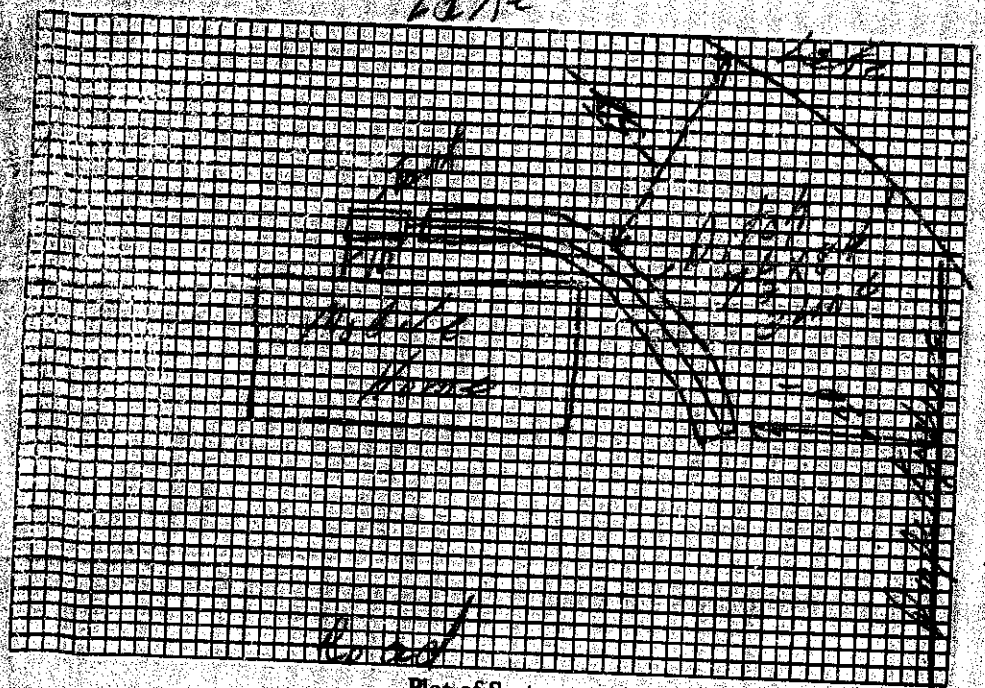
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Clay loam Good
Percolation Rate Perk Taken
Topography Fair Stable
Depth to Water Table 8'
Rock or other impervious formations None

Lot Area 2 acre



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by F. J. Ervin

IMPROVEMENTS PERMIT BY John Houston

COMMENTS: _____

CERTIFICATE OF COMPLETION BY John Houston DATE 4-2-75

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

PERMIT # _____ PIN # 4648354995 gm

IREDELL COUNTY HEALTH DEPARTMENT – *Environmental Health Division*

Statesville Office 704-878-5305 Mooresville Office 704-660-3625

PRIVATE DRINKING WATER WELL PERMIT

Type of Permit (circle one) New **Repair** Abandonment

APPLICANT INFORMATION

Ann Howell/McCall Brothers 6700 Brookshire Blvd. Charlotte, NC 399-1506 704

Name Full Address Telephone #

PROPERTY INFORMATION

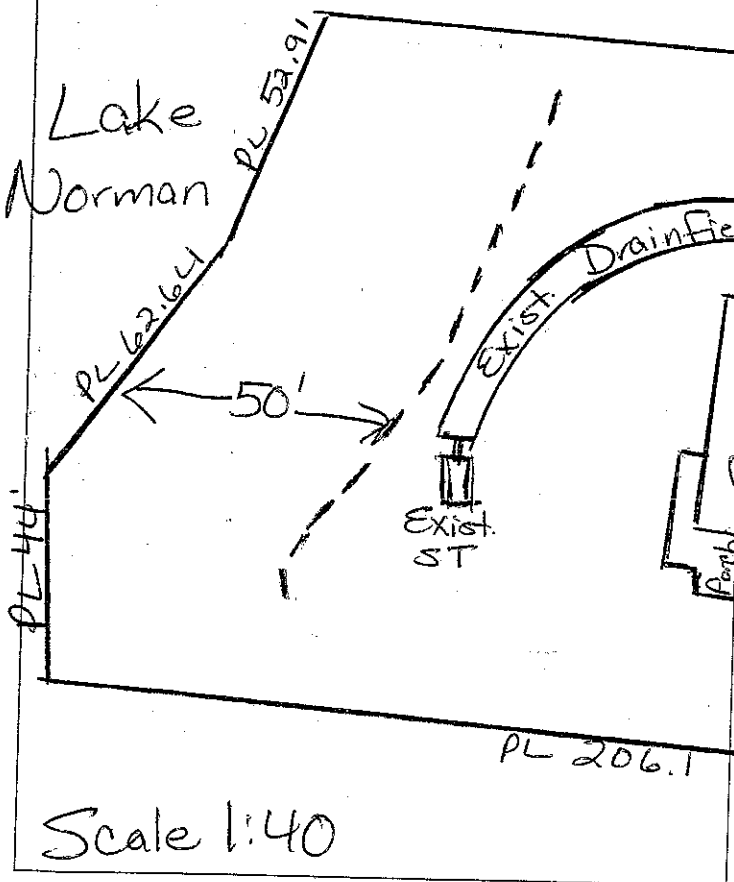
Hwy 150 W TR Bluefield TL Big Indian Lp. stay to right & fork on Rt.

Directions to Site

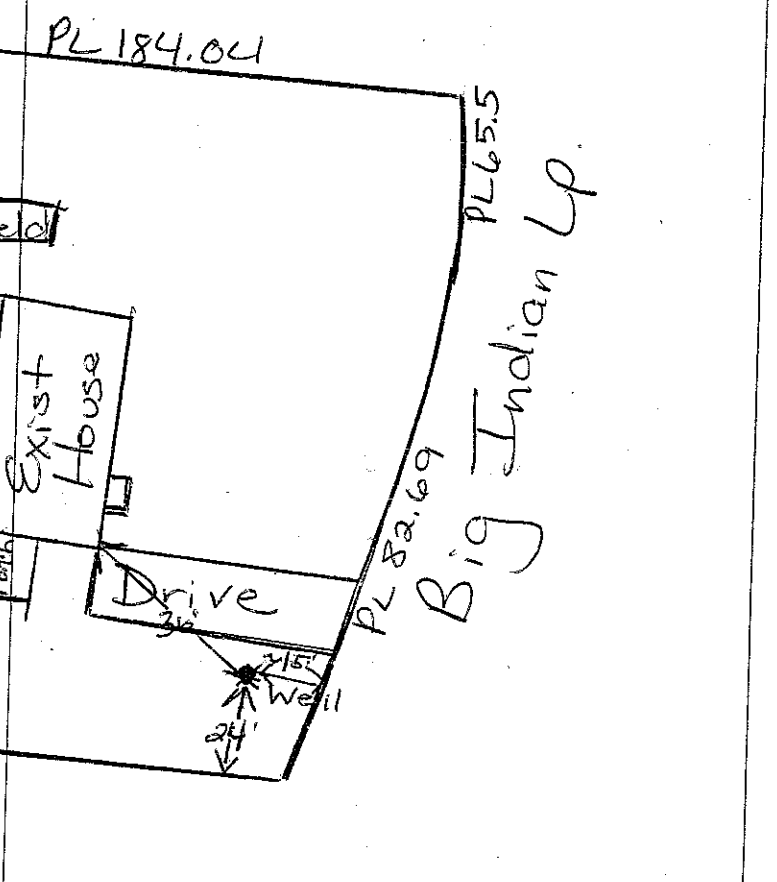
731 Big Indian Loop Cl & T 12 79

Physical location of proposed well (street address) Subdivision Lot #

Initial Site Sketch



"As Built" Sketch



Scale 1:40

Permit Conditions/ Comments: Install liner in existing well. Follow NC well rules.

Well Permit Issued By: Maria Dotson RS **Date:** 8/31/2011

(Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well GPS Coordinates Lat: _____ **Long:** _____ **Well Contractor** _____ **Contractor Cert #** _____

Grout Inspection By: _____ **Date:** _____ **or Certification for Grouting Not Witnessed by Dept** _____ **Date:** _____

Well Head Inspection (check when completed) Grout to Ground Surface ☐ Well Contractor ID Plate ☐ Pump Installer ID Plate ☐ Sample Port ☐ Access Port / Vent ☐ Well Seal ☐ Well Head 12 inches / Pit less Adaptor 8 inches above grade ☐ **Well Head Inspection By:** _____ **Date:** _____

Certificate of Completion by: _____ **Date:** _____ **Water Samples By:** _____ **Date:** _____

Attachments: Form GW-1a (***required except for abandonment***) ☐ Form GW 30 ☐ Water Sample Results ☐ Plat ☐

Health Dept. Copy - White Applicant Certificate of Completion - Yellow Applicant Well Construction Permit - Pink