15806

4648-45-2203

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Gregory T. Hamrick DATE 5/17/93 PERMIT NO. 2P-B-26

PHONE: Business _____ Home 875-8200

LOCATION Big Indian Lp, 150' TR on BLUEFIELD TL ~.4 mile on (L)

S.R. No. _____

SUBDIVISION NAME Indian Hill LOT NO. 18 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~.89 AC

Soil Characteristics P-SIC/C

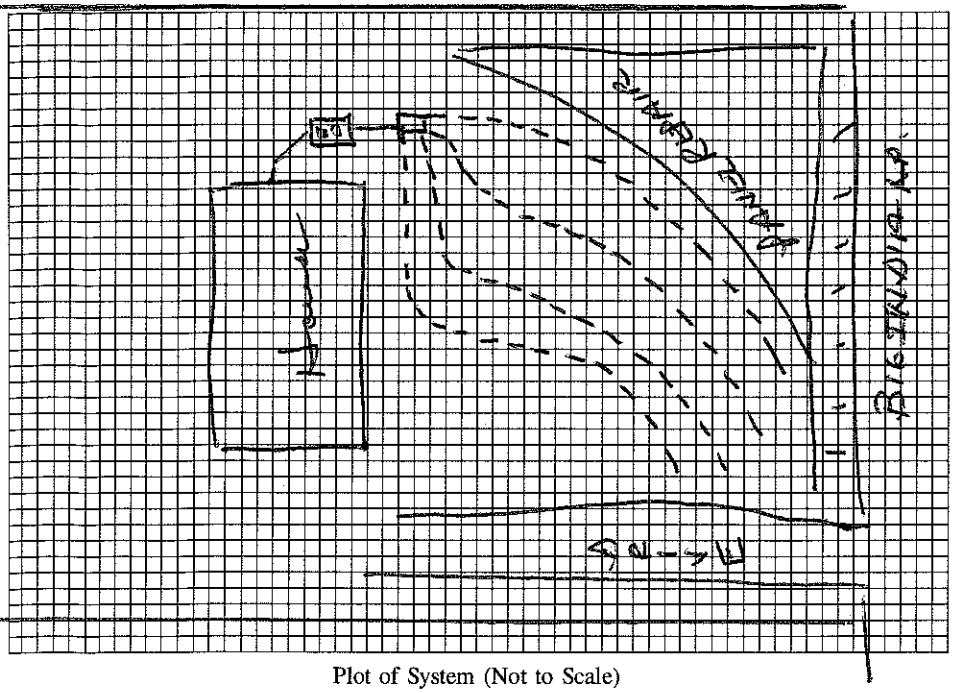
Application Rate P .25-.3 (SP, S, WK)

Topography P-3%

Depth to Water Table 5 >48"

Rock or other impervious formations 5-NONE OBSERVED ✓

_____ 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 4 © 85, 95, 115, 105

Sq. Ft. 1200 Linear Ft. ~~1200~~ 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ NOT DRILLED

Public ☐

Installed by R R MacLeod

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 AWS

COMMENTS _____

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 5/17/93

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