2212

IREDELL COUNTY HEALTH DEPARTMENT

PIN# ~~4638-21-2695~~ 4668-63-5296

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Riverbank Investment DATE 4/15/93 PERMIT NO. IN141

PHONE: Business _____ Home 663-3101

LOCATION Olphant Rd; TR off Dunkard Bridge to lot on (L) at intersection with Eastridge S.R. No. _____

SUBDIVISION NAME Eastridge LOT NO. 1 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 ~20,000 FT2

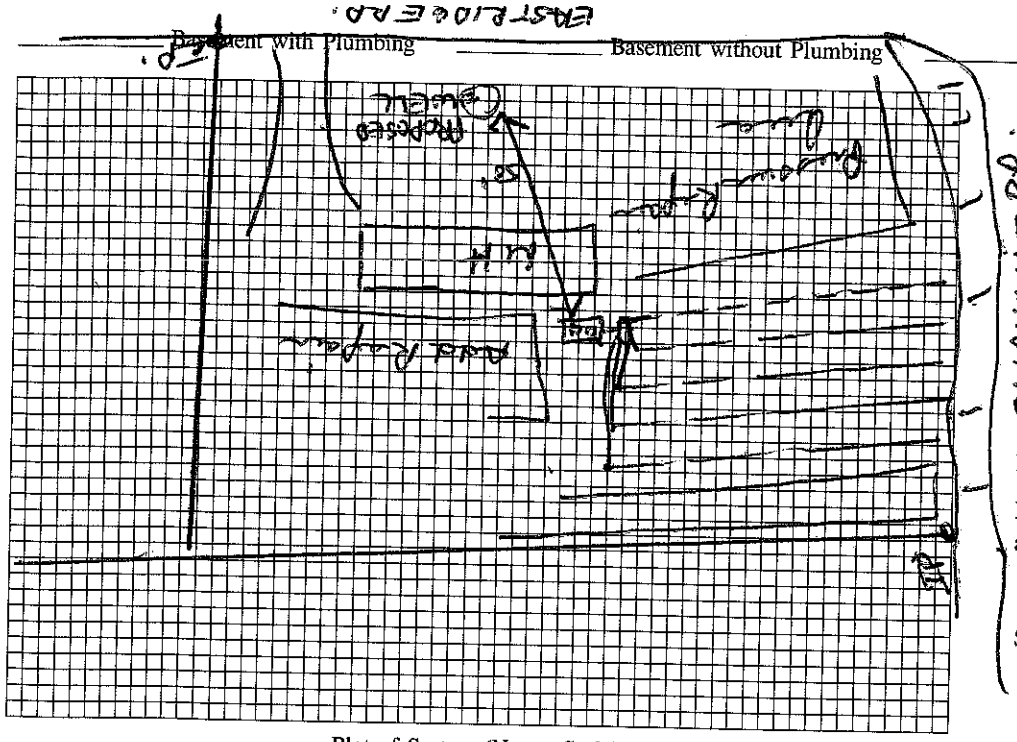
Soil Characteristics P-C / < TRANS

Application Rate P .25 (wk, grn, ss)

Topography P-4-7%

Depth to Water Table P >36 < 48"

Rock or other impervious formations P- TRANS MATERIAL



Plot of System (Not to Scale)

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement _____ Crawl Space

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 5 @ 80'X3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 14-16"

Water Supply: Individual ☑ NOT DRILLED

Public ☐

Installed by Kenny Wilson

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 4/15/93

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