IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15634

OWNER OR CONTRACTOR WEST IREDELL WATER CORP. DATE 1/8/93 PERMIT NO. 93M-A-116

PHONE: Business _____ Home _____

LOCATION I-40 W, TR. OLD MOUNTAIN ROAD, TL ISLAND FORD ROAD, ON (L) ~500' S.R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☐ Business ☑ Other OFFICE W/ 10 EMPLOYEE MAXIMUM.

No. Bedrooms N/A No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☐ No ☑

Auto. Wash. Machine Yes ☐ No ☑

Lot Area AMPLE

Soil Characteristics _____

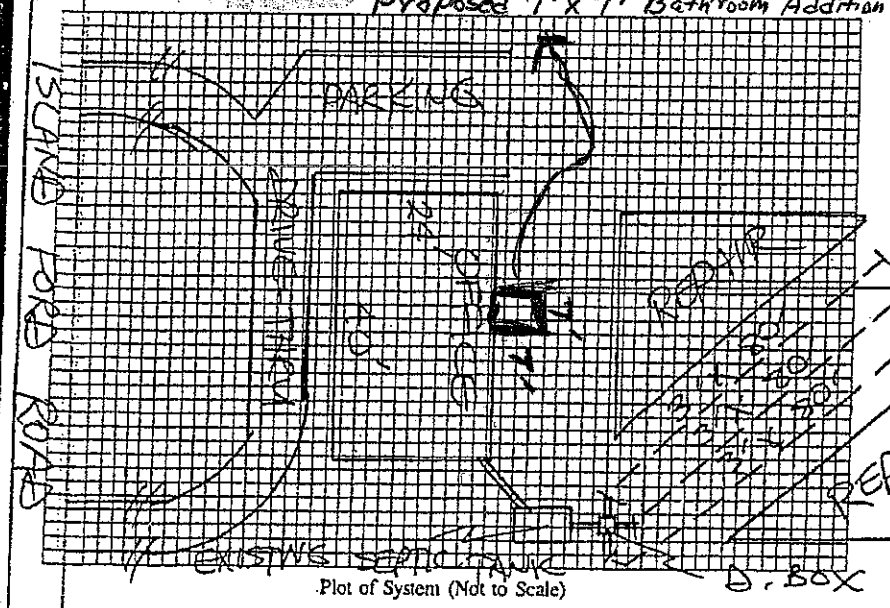
Application Rate _____

Topography _____

Depth to Water Table EXISTING

Rock or other impervious formations _____

_____ 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 3

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑

Installer by _____

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

(1) KEEP NEW OFFICE BUILDING MINIMUM 5' FROM SYSTEM.

(2) REPAIR AREA IS 100% CONVENTIONAL, GRAVITY-FED.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY STEVE HEARICK DATE 1/8/93

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Permit is VOID if any unauthorized changes are made in installation of information is supplied toward securing Improvement Permit.

IREDELL COUNTY HEALTH DEPT.
ENVIRONMENTAL DIVISION
318 TURNERSBURG HIGHWAY
STATESVILLE, NC 28625

Location of the proposed Bathroom Addition (7x7') addition does not appear to impact the existing on-site septic system.**NOTE

_____ REHS

Date: 5-6-13

ICHD-Environmental Health Division