CHEVRON STATION

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 GASTONIA UNITED OIL CO DATE 7-16-90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-40 W - I.R. on Old Mtn Rd. - 200 yards on (R) S. R. No. _____

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

House ( ) Mobile Home ( ) Business (✓) Other SERVICE STATION CONV. STORE. Repair.

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

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____ Repair

Lot Area 4 ample

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Size of Tank EXISTING Gals.

Nitrification Field:
No. of Lines 3 190'
Sq. Ft. 382 Linear Ft.
Depth of Stone in Lines 6" 5 Min.

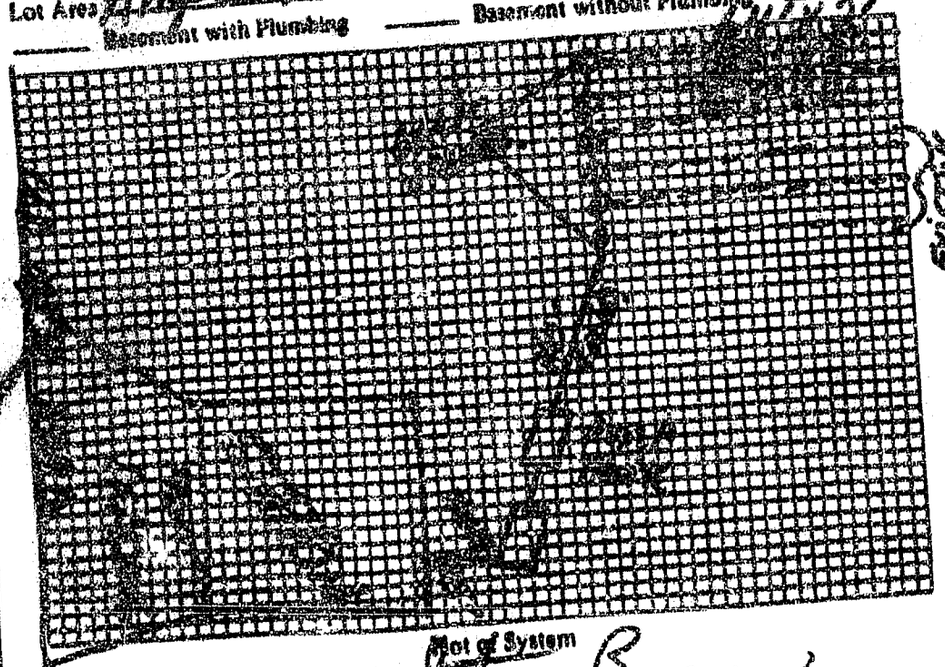
Water Supply: Individual ( )
Public (✓)

EXISTING 3/4" T+J Panel System

Installed by Dennis Gallion

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

Signed: _____



IMPROVEMENTS PERMIT BY Steve Bryan

COMMENTS: Keep grass mowed + landscape over entire system.

DATE 7-16-90

CERTIFICATE OF COMPLETION BY Steve Bryan DATE _____

EXISTING SYSTEM CHECKED BY: _____

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 false information is supplied in making Improvements Permit.

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