IREDELL COUNTY HEALTH DEPARTMENT

15361 IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR VIRGINIA NINA HOLESTON DATE 10/22/92 PERMIT NO. 9K-1-A-6

PHONE: Business _____ Home _____

LOCATION NC 90 W, TR SCOTTS CREEK ROAD, TL NEW AMITY ROAD, TR COLFAX ROAD, LOT # 6 ON (L) S.R. No. _____

SUBDIVISION NAME OAK HILL LOT NO. 6 SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ S/W Business ☐ Other PLANNED FOR FUTURE 3BR

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 100' x 420'

Soil Characteristics PS

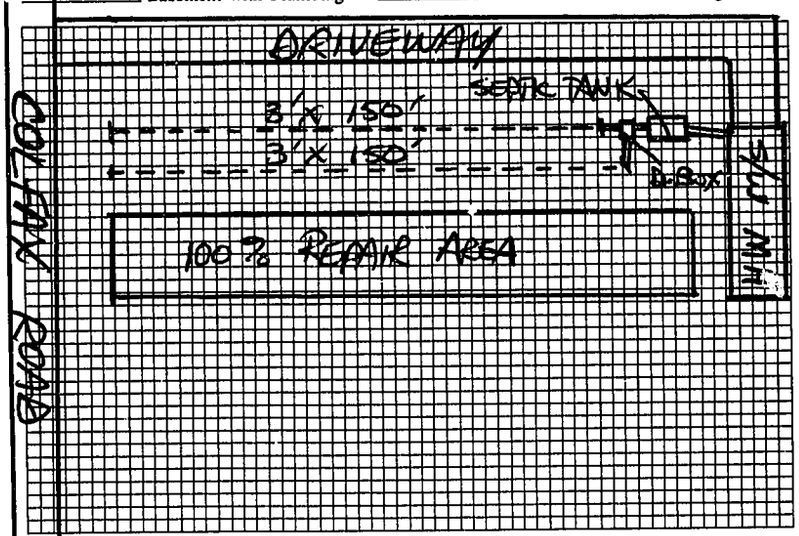
Application Rate 0.40 GPD / FT² LINEAR

Topography 6-8%

Depth to Water Table ≥ 4'

Rock or other impervious formations NONE

_____ 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 2

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑

Installed by FORREST STUFFORD

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 STEVE HEDRICK

COMMENTS

(1) MH NOT ON SITE AT TIME OF INSPECTION, KEEP MH MINIMUM 5' FROM SYSTEM

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

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 10/22/92

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