42285

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14045

OWNER OR CONTRACTOR MICHAEL L. GAITHER DATE 5/6/92 PERMIT NO. 9A-8-A-28

PHONE: Business _____ Home _____

LOCATION NC115 N, TL SCOTTS CREEK ROAD, ON (R) 5th HOUSE PAST BOWMAN ROAD S.R. No. _____

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

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2 Soil Characteristics PS

Garbage Disposal Unit Yes ☐ No ☑ Application Rate 0.35 GPD / FT2

Auto. Dishwasher Yes ☑ No ☐ Topography 2-4 LS

Auto. Wash. Machine Yes ☑ No ☐ Depth to Water Table >4'

Lot Area 100' X 150' Rock or other impervious formations NONE

3' X 130'

3' X 110'

3' X 105'

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

ACP 12/16/92

Size of Tank 1000 Gals.

Nitrification Field:

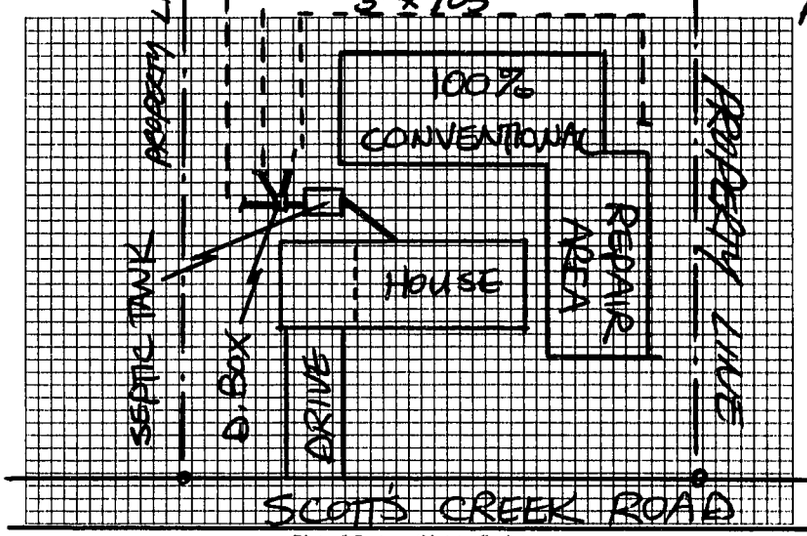
No. of Lines 3

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☐

Public ☑



Plot of System (Not to Scale)

Installed by DAVID YOUNTS

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 REPAIR AREA IS 100% CONVENTIONAL GRAVITY-FED

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 5/6/92

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