41040

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

13287

OWNER OR CONTRACTOR NATHANIEL GWALTNEY DATE 5/11/93 PERMIT NO. 13E-A-15

PHONE: Business _____ Home _____

LOCATION NC 115 N, TR S. CHIPLEY FORD ROAD, TL RIVER RUN ROAD, ON (R) ~ 1 MILE S.R. No. _____

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

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 5 Ac

Soil Characteristics PS

Application Rate 0.5 GPD/FT² 3-10% HEAD/LINEAR

Topography _____

Depth to Water Table >4'

Rock or other impervious formations NONE

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

ACP 2/24/93

Size of Tank 1000 Gals.

Nitrification Field:

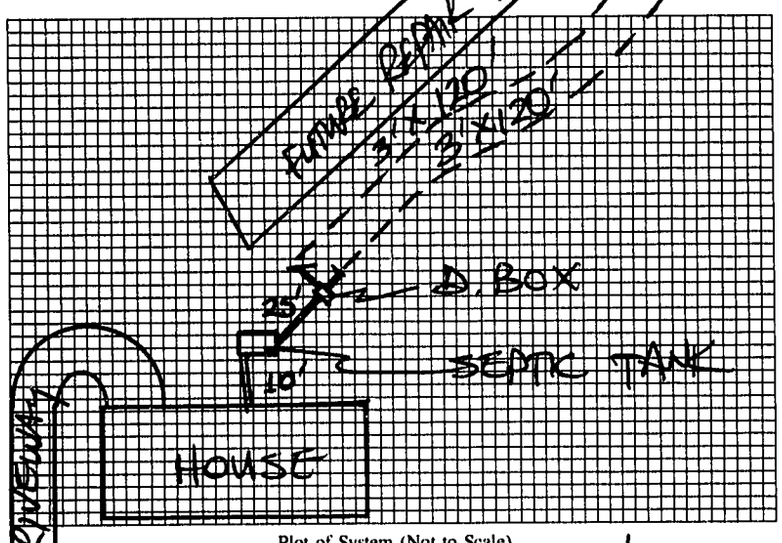
No. of Lines 2

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual ☑ WELL

Public ☐



Plot of System (Not to Scale)

Installed by ANDY DANIELS

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 HENDRICK

COMMENTS WELL REPAIR AREA IS 100% CONVENTIONAL, GRAVITY-FED

CERTIFICATE OF COMPLETION BY STEVE HENDRICK DATE 5/11/93

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

RIVER RUN ROAD