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14172

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Luther P. Gamble DATE April 14, '92 PERMIT NO. 4K-14-19

PHONE: Business _____ Home _____

LOCATION 115-21 N. TR1001 (Amity-Ostwalt Rd.) TR2378 (Overcash Rd) ~200' on left S.R. No. _____

SUBDIVISION NAME Lauder milk Prop LOT NO. 113-114 SECTION OR BLOCK NO. _____

DW

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 100 x 200'+

Soil Characteristics psclay

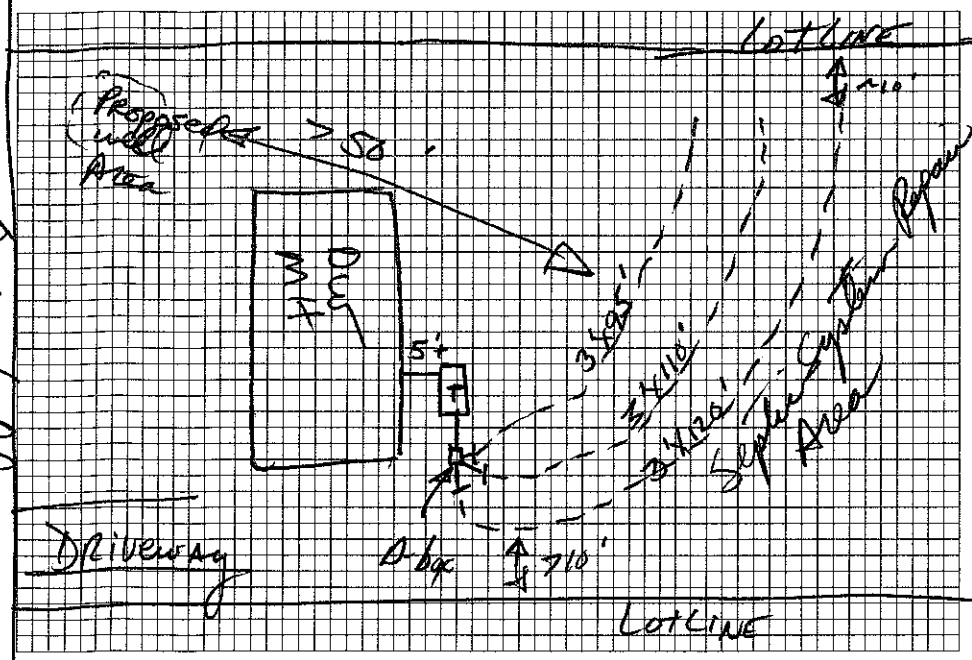
Application Rate 1.35 - 1.4

Topography 2-4%

Depth to Water Table > 4'

Rock or other impervious formations NONE obs

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



Plot of System (Not to Scale)

Overcash Rd.

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 375 Linear Ft. 325

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Well not drilled yet

Installed by Cuthbertson

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 Locate well 50'+ from all sources of pollution.

CERTIFICATE OF COMPLETION BY David R. Hunsucker, RS DATE 4/14/92

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

14178

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Luther P. Gamble DATE March 11, '92 PERMIT NO. 4K-1-A-19

PHONE: Business _____ Home _____

LOCATION 115-21 N TR 1001 (Amity-Ostwalt Rd.) TR 2378
(Overcash Rd) ~200' on left S.R. No. _____

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

DW

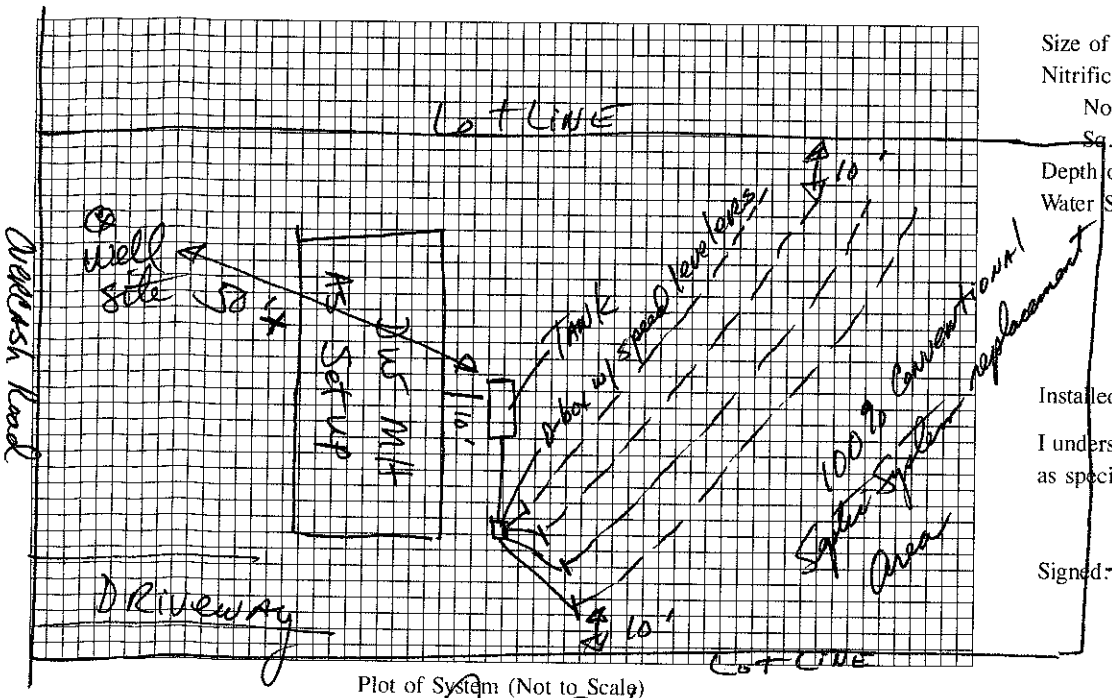
House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑
Auto. Dishwasher Yes ☑ No ☐
Auto. Wash. Machine Yes ☑ No ☐
Lot Area 100' X 200'+

Soil Characteristics ps clay
Application Rate .35-.4
Topography ~4%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

_____ 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 4
Sq. Ft. 690 Linear Ft. 330
Depth of Stone in Lines 12"
Water Supply: Individual ☑
Public ☐

Installed by _____

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

Signed: Luther P. Gamble

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Jack R. Hinson, RS

COMMENTS D.W. Mobile Home already set up upon arriving on site for issuance of Improvements permit.

30" maximum trench bottom depth. Follow contour with drainfield.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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