15435 45852

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR RICHARD WHITING DATE 5/20/93

PHONE: Business _____ Home _____ PERMIT NO. LE-2-A59/51

LOCATION US 64E, TL RIVER HILL ROAD, TR OAK HAVEN DRIVE, TR SHADY STREAM DRIVE ON (L)

SUBDIVISION NAME COUNTRY WOODS LOT NO. 50 & 51 SECTION OR BLOCK NO. _____ S.R. No. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 3½

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~ 1 ACRE

Soil Characteristics PS

Application Rate 0.35 GPD/FT²

Topography GENTLE, LINEAR

Depth to Water Table >4'

Rock or other impervious formations NONE

☑ Basement with Plumbing ☐ Basement without Plumbing ☐ No Basement ☐ Crawl Space

ACP 4/15/93

Size of Tank 1000 Gals.

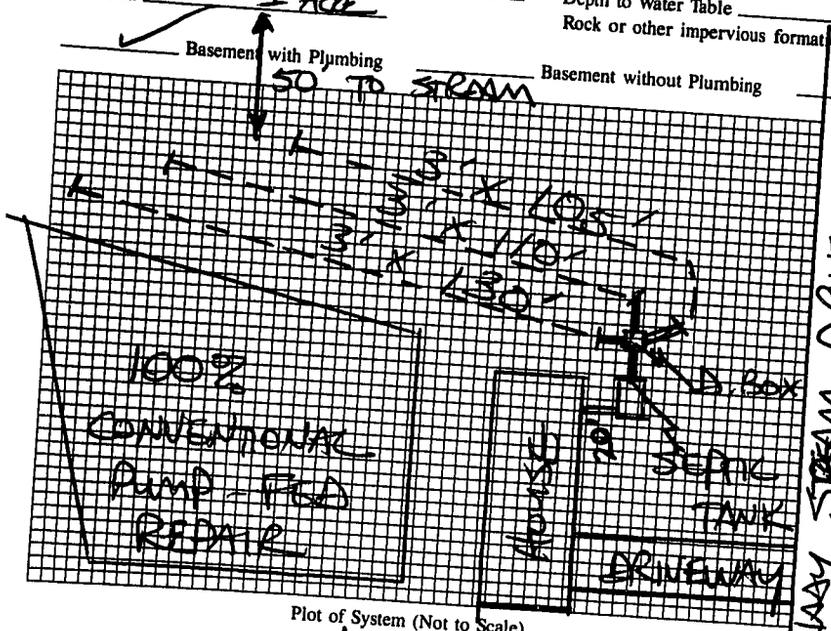
Nitrification Field:

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 A-1 BACKHOE

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 J. C. MOORE

COMMENTS REPAIR AREA IS 100% CONV, PUMP-FED.

OAK HAVEN DRIVE

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 5/20/93

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