IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14722

OWNER OR CONTRACTOR Johnny R. GATTON DATE 6/25/92 PERMIT NO. 121-A-112

PHONE: Business _____ Home _____

LOCATION US21N, TR NC 901 E, ~ 1/4 MILE ON (R) PAST GUILFORD ROAD, BACK OFF HIGHWAY.

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S.R. No. _____

House ☐ Mobile Home ☑ TEMP. Business ☐ Other FUTURE 3 BR House

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 30 AC

Soil Characteristics PS

Application Rate 0.40 GPD / FT²

Topography 4-6% LS

Depth to Water Table >4'

Rock or other impervious formations NONE

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

RS 6-26-92

Size of Tank 1000 Gals

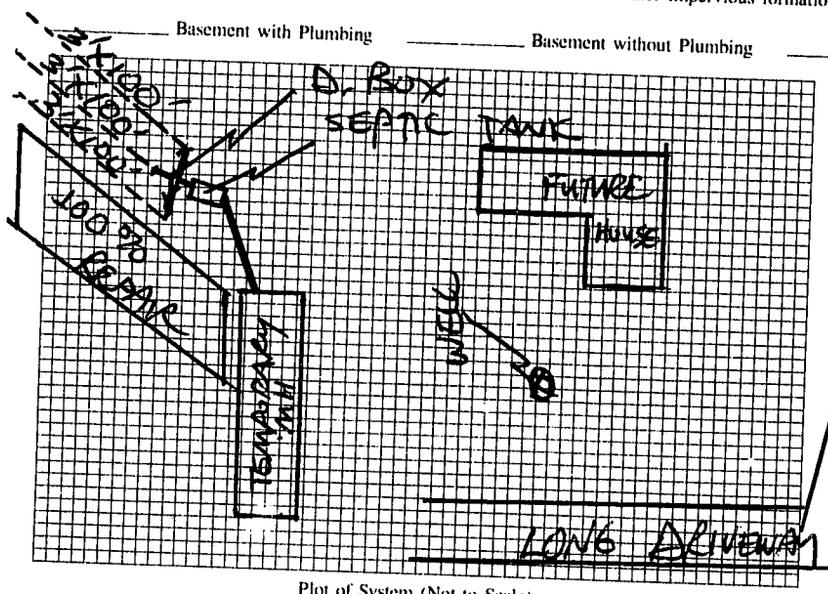
Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☑ WELL Public ☐



Plot of System (Not to Scale)

Installed by BILLY GRIMES

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) REPAIR AREA IS 100% CONVENTIONAL GRAVITY-FED-

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 6/25/92

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