IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15344

OWNER OR CONTRACTOR RICKY SNEAD DATE 10/30/92 PERMIT NO. 12K-1-A-13

PHONE: Business _____ Home _____

LOCATION US 21 N, TR NC 901 E, TL GUILFORD ROAD, LOT #13 ON (R) JUST PAST FOX HUNTER ROAD S.R. No. _____

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

House ☐ Mobile Home ☑ B/W Business ☐ Other _____ ⊗ WELL

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~ 1 AC

Soil Characteristics PS

Application Rate 0.35 GPD/FT²

Topography 2-4% LINEAR

Depth to Water Table >4'

Rock or other impervious formations NONE

_____ Basement with Plumbing 3'X115' 3'X115' 3'X115' Basement without Plumbing _____ No Basement ✓ Crawl Space

ACP 9/9/92

Size of Tank 1000 Gals.

Nitrification Field:

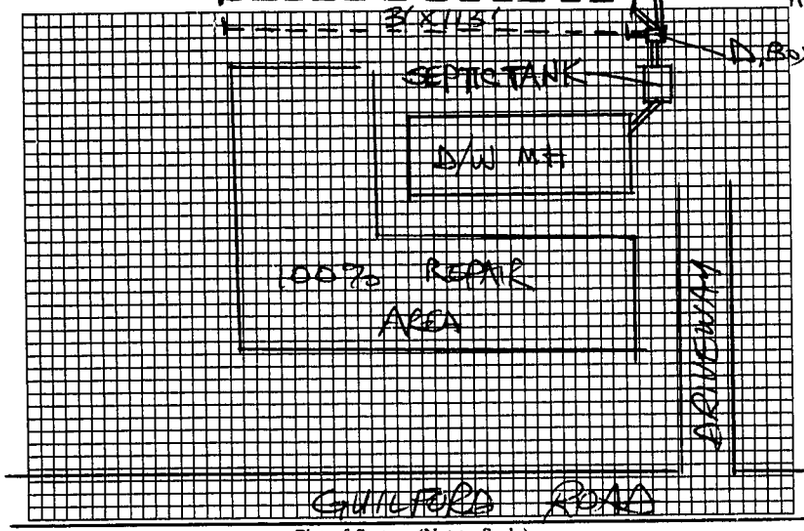
No. of Lines 3

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☑ WELL

Public ☐



Plot of System (Not to Scale)

Installed by WAYNE POTTS

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 100% REPAIR AREA IS CONVENTIONAL GRAVITY FED.

FOX HUNTER ROAD

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 10/30/92

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