IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

16256

OWNER OR CONTRACTOR HAROLD S. WIGGINS DATE 4/30/93 PERMIT NO. 15D-A-180

PHONE: Business 664-9127 Home _____

LOCATION NC 115 N, TL MOUNTAIN VIEW ROAD, TR BACON ROAD, TL FOX MOUNTAIN ROAD, ON (L) AT TOP OF HILL. S.R. No. 1593

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

VACATION

House ☑ Mobile Home ☐ Business ☐ Other _____ 1012 9-23-96

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 2.49 ACRES

Soil Characteristics PS

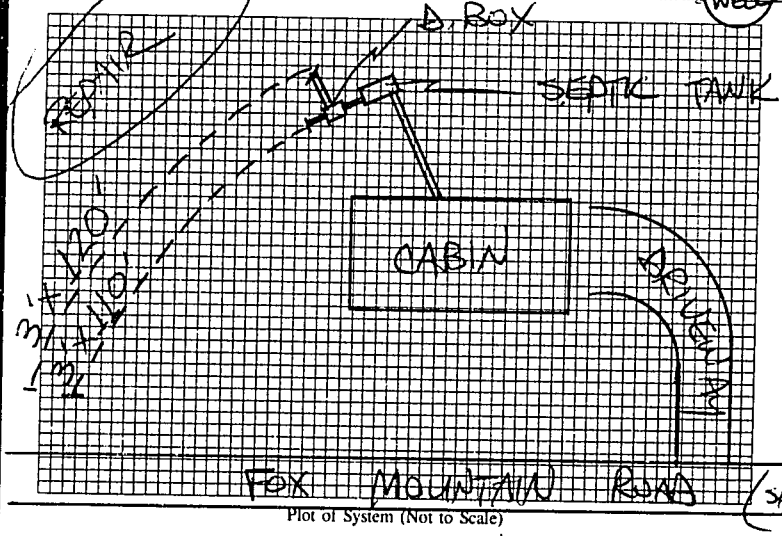
Application Rate 0.35 GPD / FT²

Topography 8-10% NOSE SLOPE ON KNOLL

Depth to Water Table >4'

Rock or other impervious formations SCATTERED ROCK

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



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 690 Linear Ft. 230

Depth of Stone in Lines 12"

Water Supply: Individual ☑ WELL TO BE LOCATED

Public ☐

Installed by _____

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

Signed: Harold Wiggins

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

IMPROVEMENT PERMIT BY STEVE HEDRICK

COMMENTS (1) KEEP SYSTEM MINIMUM 5' FROM HOUSE, 10' FROM PROPERTY LINE, 50' FROM WELL (2) INSTALL LINES ON CONTOUR, NO DEEPER THAN 36", 9' ON CENTER (3) REPAIR AREA IS 100% CONVENTIONAL, GRAVITY-FED.

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