## IREDELL COUNTY HEALTH DEPARTMENT

### IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15637

OWNER OR CONTRACTOR H. P. WANSLEY DATE 2/23/93 PERMIT NO. 14H-A-41

PHONE: Business _____ Home _____

LOCATION NC 115 N, TR HAM'S GROVE ROAD, TL GRANT ROAD
~0.5 MILE ON (L) AT TOP OF HILL S.R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 2.97 Ac

Soil Characteristics PS

Application Rate 0.40 GPD / FT² 4.62 LINEAR

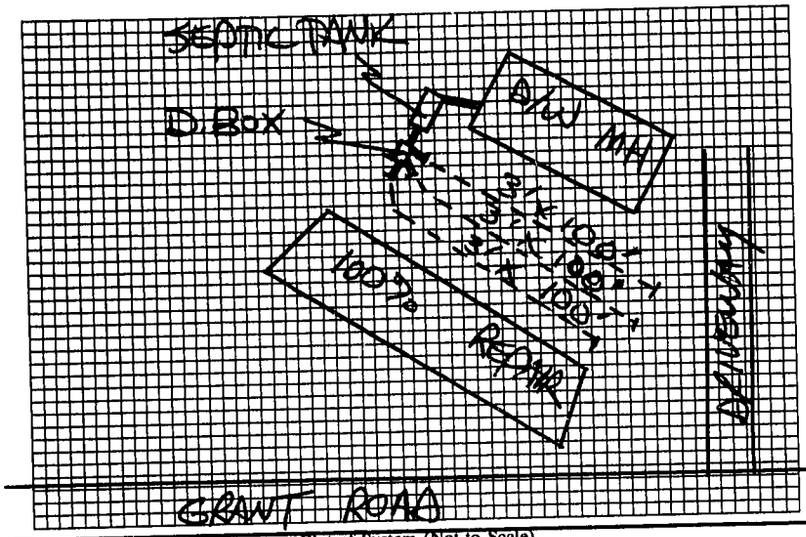
Topography

Depth to Water Table >4'

Rock or other impervious formations LOOSE ROCK AT 24"

(WELL)

_____ 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 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☑ WELL

Public ☐

Installed by JOHN MENSCER

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 KEEP MH MINIMUM 5' FROM SYSTEM.

② ~~KEEP~~ WELL MINIMUM 100' FROM SYSTEM.

③ REPAIR AREA IS 100% CONVENTIONAL / GRAVITY-FED

CERTIFICATE OF COMPLETION BY MIKE DENNIS / STEVE HEDRICK DATE 2/23/93

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