IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15456

OWNER OR CONTRACTOR DANIEL W. IRELAND DATE 1/27/93 PERMIT NO. PART OF 170-A-15A

PHONE: Business _____ Home _____

LOCATION US 21 N, TR HOUSTONVILLE RD, TL SAMARY SPRINGS CH. RD, AT 2ND HOUSE ON (L) PAST CHURCH. S.R. No. _____

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

House ☐ Mobile Home ☑ D/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 1.122 AC

Soil Characteristics PS

Application Rate 0.40 GPD / FT²

Topography 4-6% HEAD SLOPE

Depth to Water Table >4'

Rock or other impervious formations NONE

_____ Basement with Plumbing D. BOX _____ Basement without Plumbing _____ No Basement ✓ Crawl Space

CRS 12/28/92

Size of Tank 1000 Gals.

Nitrification Field:

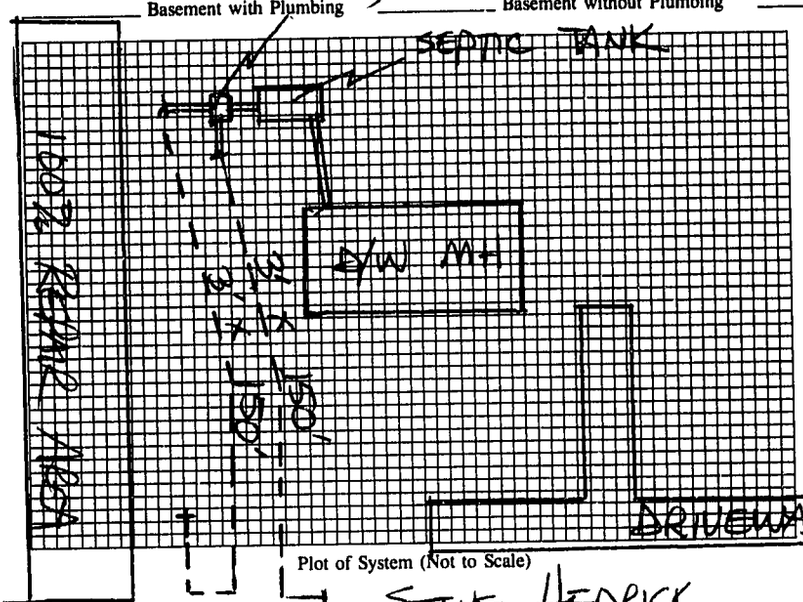
No. of Lines 2

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 TOMMY NIXON

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.
(2) KEEP WELL MINMUM 100' FROM SYSTEM.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 1/27/93

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

SAMARY SPRINGS ROAD