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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Charlie Doolin DATE 2/3/93 PERMIT NO. 2P-4-A-151

PHONE: Business _____ Home 664-3171

LOCATION Normandy Rd. on (R) just before last dip in road

S.R. No. _____

SUBDIVISION NAME CL+T LOT NO. 151 SECTION OR BLOCK NO. 11

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Existing

Soil Characteristics P - C/S:C

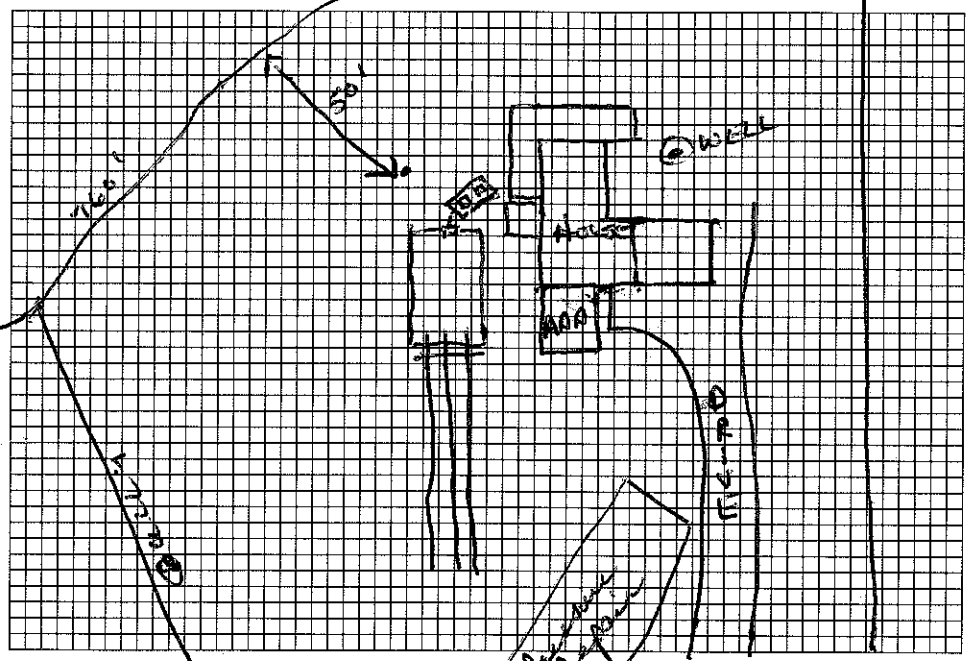
Application Rate P: 3-.35

Topography P - 3%

Depth to Water Table P - >36 <48

Rock or other impervious formations S - None found

_____ 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 18 x 39' BED

Sq. Ft. 390 Linear Ft. 100

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Wes Lytton

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 _____

COMMENTS _____

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 2/3/93

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

15645

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Charlie Goodin DATE 1/8/93 PERMIT NO. 2P-4-A 151

PHONE: Business ________ Home 664 - 3171

LOCATION Normandy Rd ; on (R) before last dip in road.
R+4 Box 83 MOORESVILLE, NC. 28115 S.R. No. ________

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

House ☑ Mobile Home ☐ Business ☐ ✓ Other REMOVING BDRM + EXPANDING OTHER BEDROOM

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes ☐ No ☐

Auto. Dishwasher Yes ☐ No ☐

Auto. Wash. Machine Yes ☐ No ☐

Lot Area Existing

Soil Characteristics P - c/sic

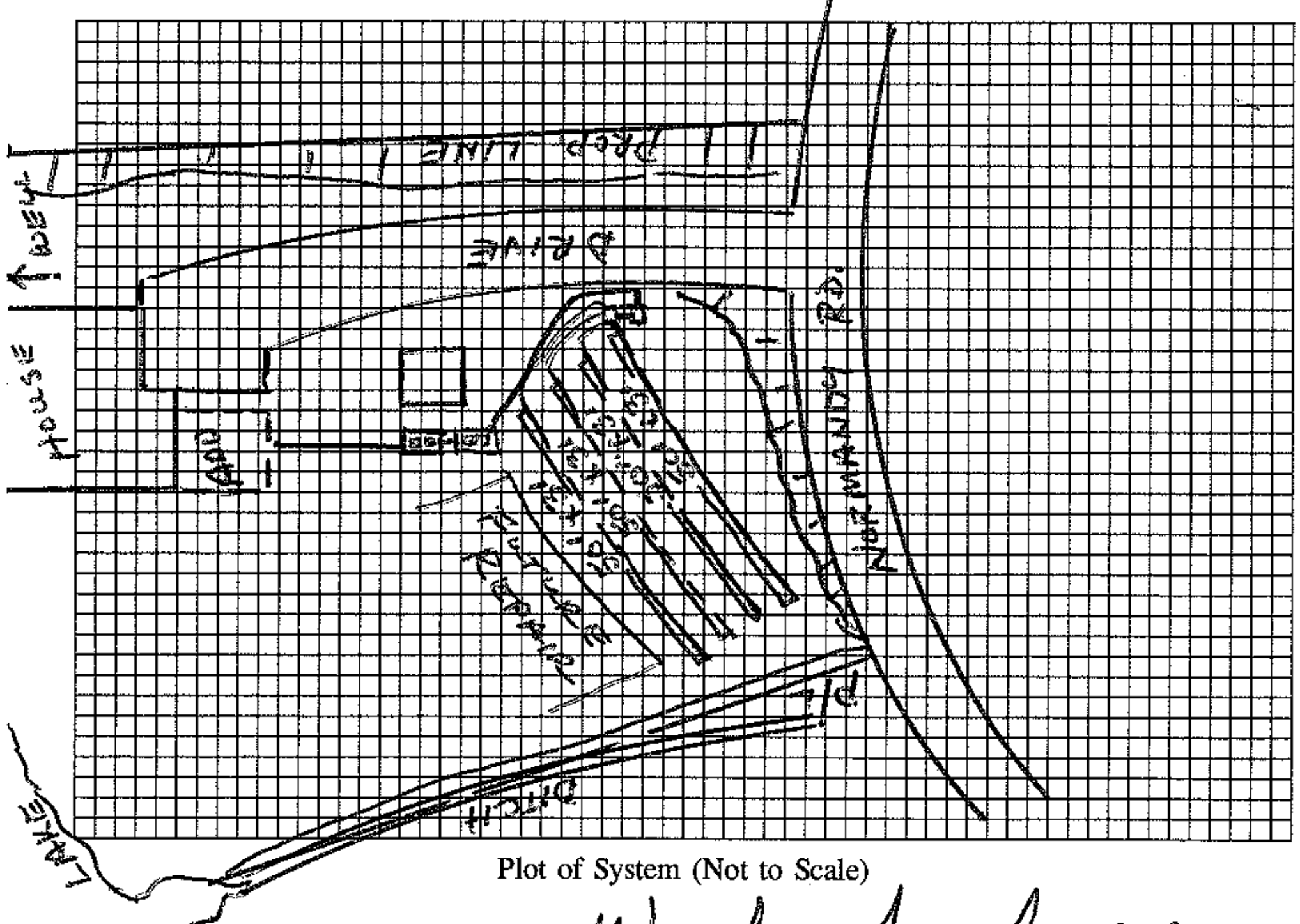
Application Rate P .3 - .35

Topography P - 6-8%

Depth to Water Table P >36" <48"

Rock or other impervious formations P - NONE OBSERVED

________ Basement with Plumbing ________ Basement without Plumbing ________ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank ST 1000 / PT 1000 Gals.

Nitrification Field:

No. of Lines 4 @ 50' x 2' *

Sq. Ft. ________ Linear Ft. 200 *

Depth of Stone in Lines 6" SAND

Water Supply: Individual ☑ IN FRONT OF HOUSE
Public ☐

* 16" PREFABRICATED PANEL BLOCK

Installed by ________

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

Signed: X Charlie Goodin

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

IMPROVEMENT PERMIT BY Wesley Sparks R.S.

COMMENTS 2 DISTRIBUTION BOXES SET AS DRAWN HERE.
SCH 40 PVC FROM HOUSE TO S/T AND P/T TO DIST. BOX
GRAVITY DISTRIBUTION FROM LOWER D/BOX TO DRAINLINES. TRENCHES ON CONTOUR - NO DEEPER THAN 30" TO TRENCH BOTTOM.

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.

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