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IREDELL COUNTY HEALTH DEPARTMENT

15645

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 Empty

Soil Characteristics P - c/s:c

Application Rate P. 3-.35

Topography P - 37%

Depth to Water Table P - >36 <48

Rock or other impervious formations 5 - None found

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

Size of Tank 1000 Gals.

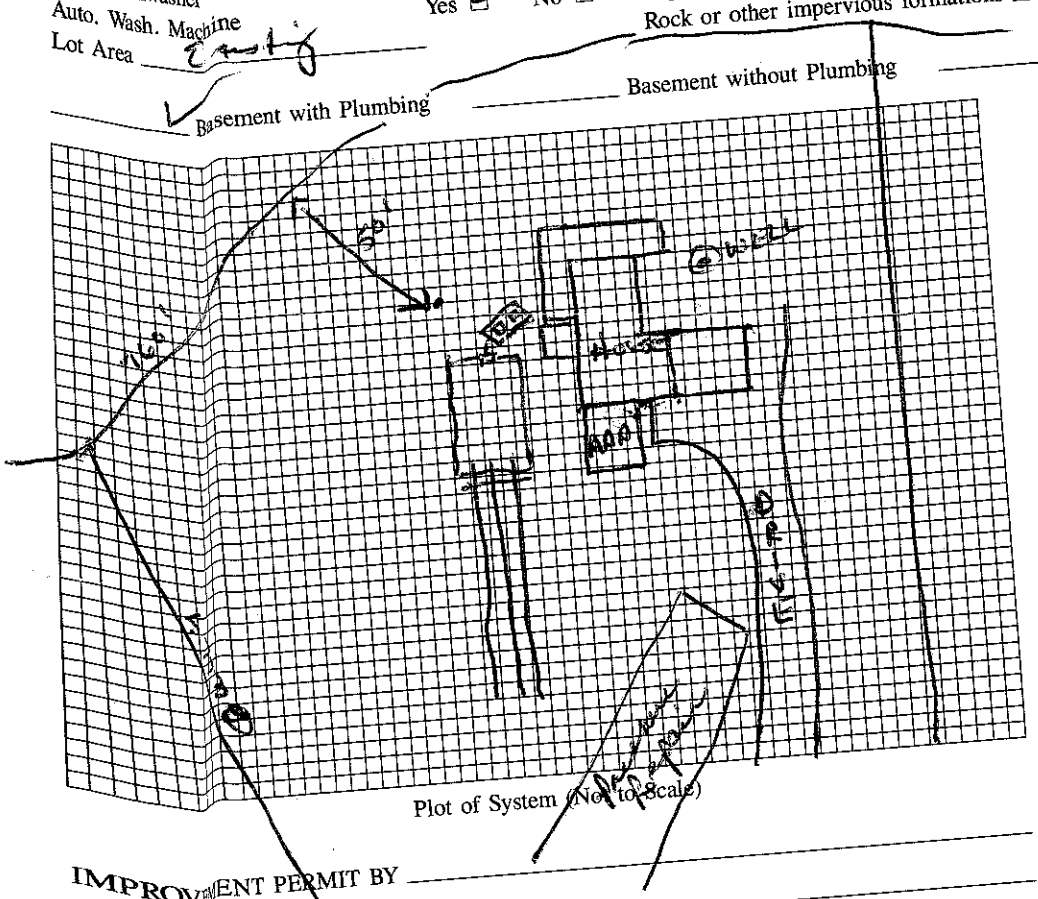
Nitrification Field:

No. of Lines 18 x 39' BED

Sq. Ft. 390 Linear Ft. 100

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐



Plot of System (Not to Scale)

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 FC 60 MONTHS FROM DATE OF ISSUE

IMPROVEMENT PERMIT BY _____

COMMENTS _____

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

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Permit 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 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

SUBDIVISION NAME _____ S.R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

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

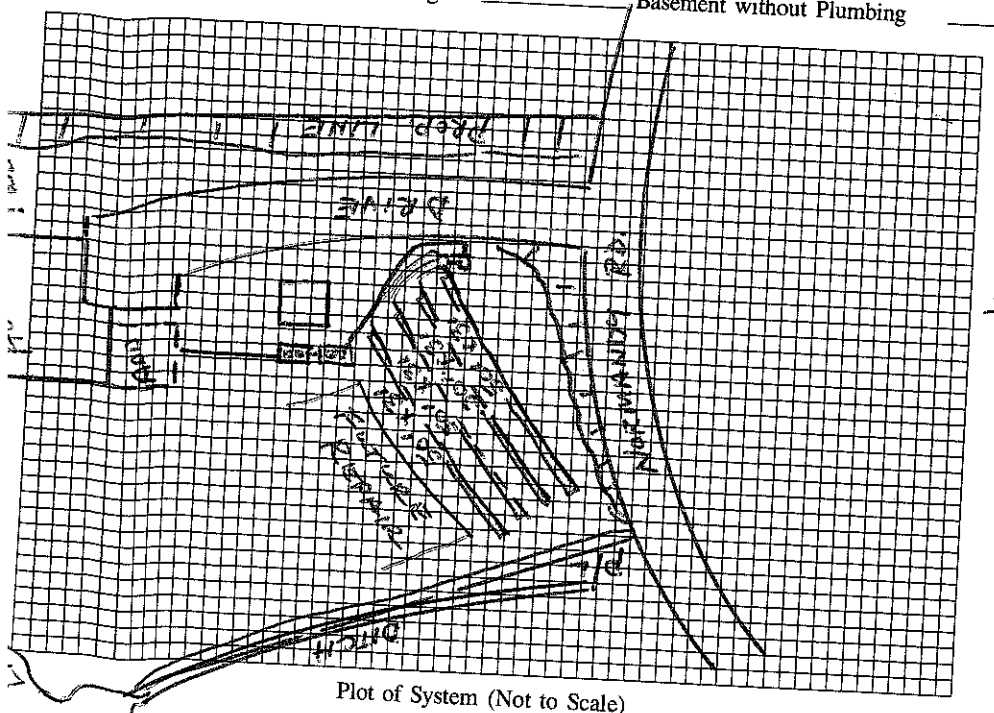
No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes ☐	No ☐
Auto. Dishwasher	Yes ☐	No ☐
Auto. Wash. Machine	Yes ☐	No ☐

Lot Area Existing

Soil Characteristics P - C/SC
Application Rate P - .35 - .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 S/T 1000 / P/T 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
Public ☐ HOUSE

✓ 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 _____

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS DATE _____

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