4645099170 ✓

10771

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Freddie Goodrum DATE July 9, '91 PERMIT NO 2G-4-A-15

PHONE: Business _____ Home _____

LOCATION 1206 (Alcove) TR 1108 (Templeton) Bear right at forks, bear right at lake 1/4 mile on Right S. R. No. _____

SUBDIVISION NAME ~~Lot White Sub~~ LOT NO. ~~15~~ SECTION OR BLOCK NO. _____

123 Irish Road - Mrvl.

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ PS Yes ( ) No ( )

Lot Area 135'x200' Repair Area

Character & Porosity of Soil ls clay

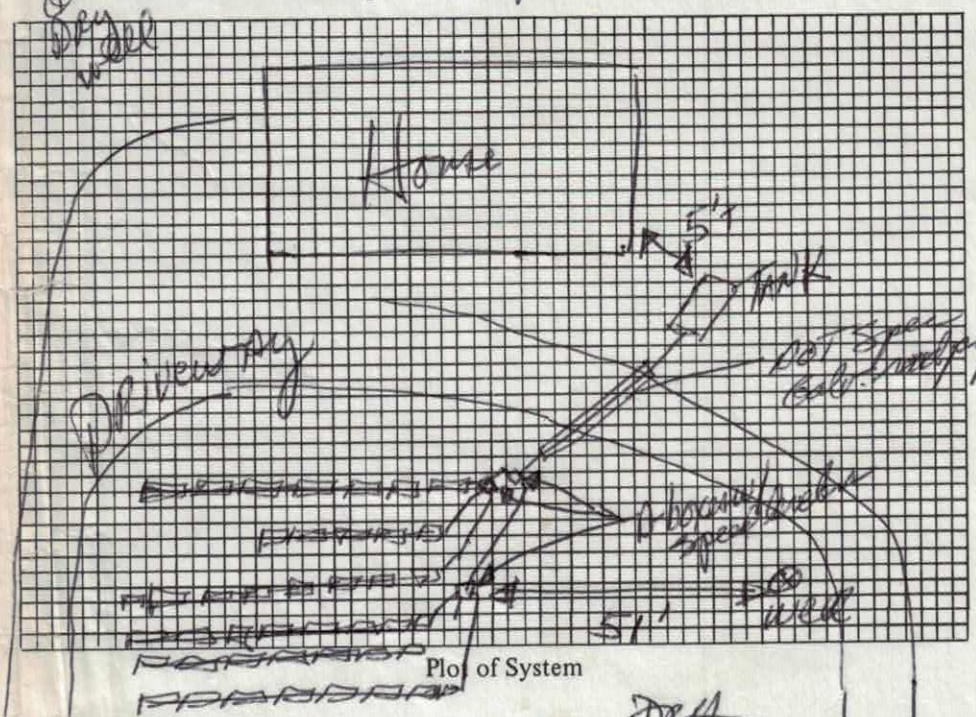
Percolation Rate 35-45

Topography 2%

Depth to Water Table 4'+ none obs.

Rock or other impervious formations _____

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 6

Sq. Ft. _____ Linear Ft. 250'

Depth of Stone in Lines 16" Top

Water Supply: Individual (✓) panels

Public ( )

Installed by Mike Seazer

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

Signed: _____

IMPROVEMENTS PERMIT BY STREET DAH

COMMENTS: Layout of septic system changed due to inability to get well water in rear of lot (i.e. 845' dry hole). Rear of lot now repair area for septic system.

CERTIFICATE OF COMPLETION BY D. L. Hinson, RS, EHC DATE 7/9/91

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 false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

10771

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Freddie Goodrum DATE Dec. 4 '89 PERMIT NO. 26-4-A-15

PHONE: Business _____ Home _____

LOCATION 1206 (Alcove) . TR 1105 (Templeton) Bear Right at forks (Stay on 1108) Bear Right near lake ¼ mile on Right S. R. No. _____

SUBDIVISION NAME ~~Bet White Sub.~~ LOT NO. ~~15~~ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit	Yes	(✓)	No	( )
Auto. Dishwasher	Yes	(✓)	No	( )
Auto. Wash. Machine	Yes	(✓)	No	( )
Site ~~Suitable~~ PS	Yes	(✓)	No	( )

Character & Porosity of Soil PS clay

Percolation Rate 35-54

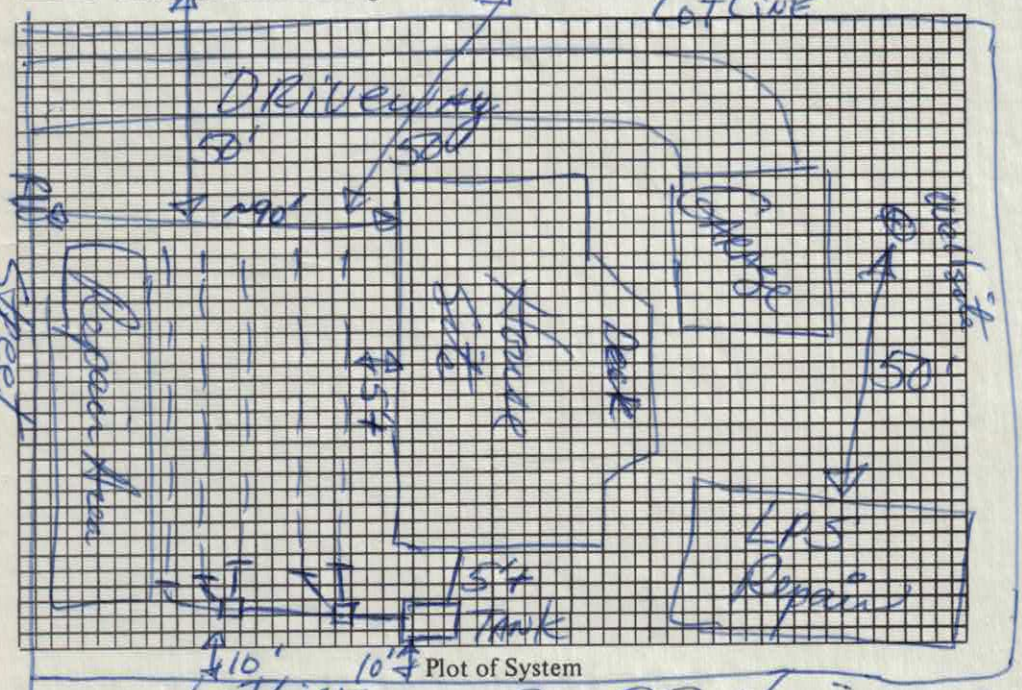
Topography 2-4 %

Depth to Water Table 4'+

Rock or other impervious formations some scattered rock

Lot Area 135 x 200' & old well ⊗ Neighbor's new well ✓

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 1350 Linear Ft. 450

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by _____

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

Signed: X Freddie Lynn Goodrum

IMPROVEMENTS PERMIT BY David R Henson, R.S.

COMMENTS: Follow contour. Maximum trench bottom depth of 30". Use speed levelers in D-boxes.

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 false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

No 10771

Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

PROPERTY DESCRIPTION

APPLICATION FOR- (X) Improvements Permit ( ) Zoning Permit ( ) Special Use ( ) Subdivision Approval ( ) Other (Not a Permit)

Proposed Use: Dwelling

Location: Templeton Rd

Tax Map No.	Township	Jurisdiction	Zoning
2G-4A-15	Davidson	Iredell	R-20

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain ( ) yes ( ) no

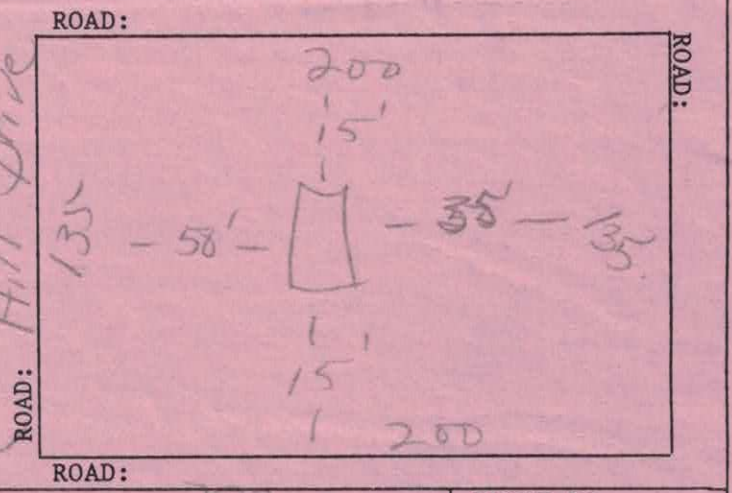
Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street Address

TAX MAP NO. _____

REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

SKETCH MAP

On the lot to be built on or to be used, show the property lines and the actual dimensions of the lot, the size and shape of any and all buildings located or to be located on the lot showing the distances from lot lines. Show setback of main building on adjacent lot and their use.



ZONING B, S
Health B, S
41495 Pdw

OWNER	ADDRESS	PHONE NO.
Freddie P Goodrum	519 N Main Mooresville	663-4377

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

X Ruth M. Goodrum — 11-27-89

Signature of Owner or Authorized Agent — Application Date

If permitted, the following minimum zoning requirements must be met, unless the Health Department requires more land area or other qualifications are indicated in the remarks.

Lot area 20,000 sq. ft. Front yard depth 35 ft. Corner yard depth 25 ft.

Lot width 100 ft. Side yard depth 15 ft. Rear yard depth 35 ft.

LAND USE INDICATED (is) (~~is not~~) PERMITTED IN THE ZONING DISTRICT.

REMARKS:

ZONING ADMINISTRATION DIVISION

Danny Earp — 11-27-89

Approved by — Date

WHITE: Original CANARY: Inspection Copy PINK: Health Dept. GOLD: Owner