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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Jim Derlach DATE 2/5/92 PERMIT NO. IM 4C15

PHONE: Business _____ Home 664-3515

LOCATION Goodwin Circle at intersection of Whitman Circle

S.R. No. 2396

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

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 20000 FT²

Soil Characteristics P - C - SC + TRANSITION

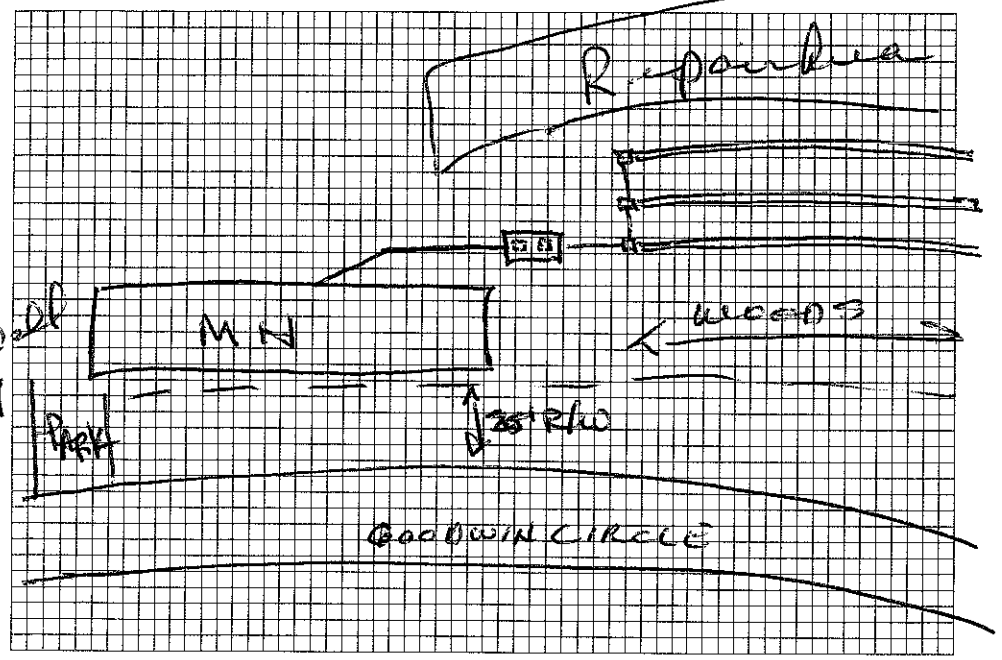
Application Rate .4

Topography 2-7%

Depth to Water Table >48"

Rock or other impervious formations 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 3 @ 50' x 2.5'

Sq. Ft. _____ Linear Ft. 150

Depth of Stone in Lines SAND - 6"

Water Supply: Individual ☑ Public ☐

Installed by Kelly Parker

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 R.S. DATE 2/5/92

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

IREDELL COUNTY HEALTH DEPARTMENT

1723

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Jim Gerlach DATE 11/21/91 PERMIT NO. IM14C15

PHONE: Business _____ Home 664-3515

LOCATION Goodwin Circle, Whitman Circle off 115N, on left just past intersection to Whitman Circle S. R. No. 2396

SUBDIVISION NAME N/A LOT NO. _____ SECTION OR BLOCK NO. _____

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

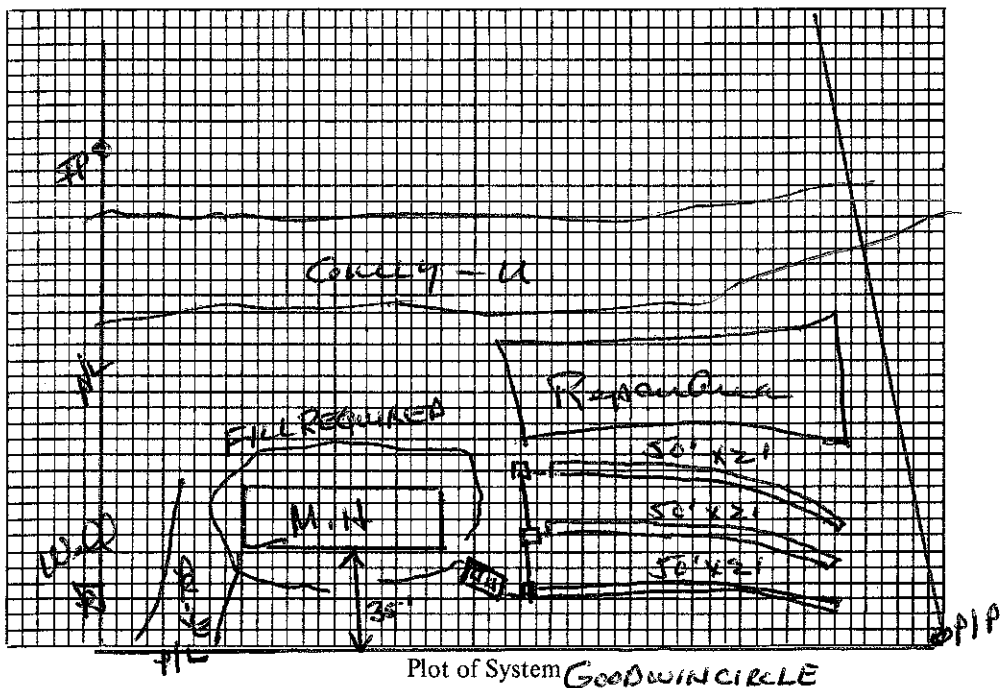
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil P - C - SC + transition
Percolation Rate 4
Topography 2-7%
Depth to Water Table > 48"
Rock or other impervious formations None found

Lot Area 29,000 FT²

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System GOODWIN CIRCLE

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3 @ 50' x 2'
Sq. Ft. _____ Linear Ft. 150 *
Depth of Stone in Lines _____
Water Supply: Individual (✓)
Public ( )
16" Prefabricated Panel Block Drainfield
Installed by _____

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

Signed: * Jim Gerlach

IMPROVEMENTS PERMIT BY Wesley Sparks RS.

COMMENTS: Trenches no deeper than 36" to trench bottom. Drop boxes to be used on this system. Area trailer to sit on must be built up in order to not have to pump the system up to the drainfield. Repair space required on this system.

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