IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15692

OWNER OR CONTRACTOR LINDA S. GOODIN DATE 4/15/93 PERMIT NO. 93-A-18

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL MIDWAY ROAD, ON (R) JUST BEFORE ABNER ROAD S.R. No. 1554

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

House ☐ Mobile Home ☑ S/W Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 2 Soil Characteristics DS

Garbage Disposal Unit Yes ☐ No ☑ Application Rate 0.33 GPD / FT²

Auto. Dishwasher Yes ☑ No ☐ Topography 8-10% LINEAR

Auto. Wash. Machine Yes ☑ No ☐ Depth to Water Table >4'

Lot Area 16.53 AC Rock or other impervious formations SMALL SURFACE GRAVEL

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

TP 2/1/93

Size of Tank 1000 Gals.

Nitrification Field:

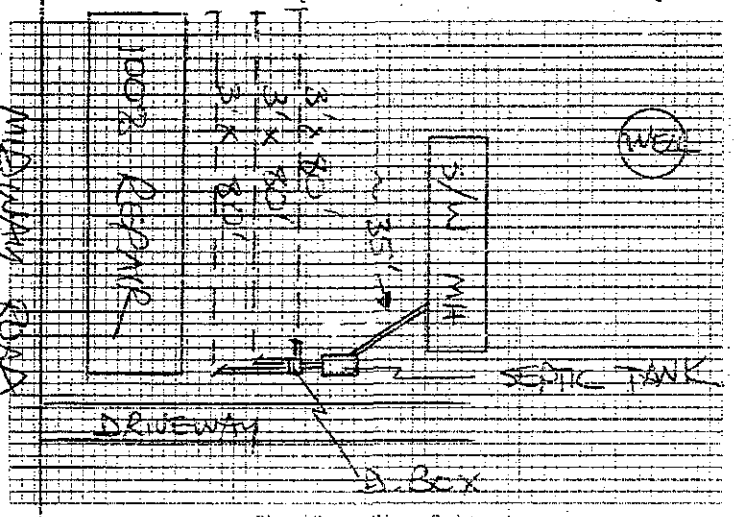
No. of Lines 3

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12

Water Supply: Individual ☑ WELL

Public ☐



Plot of System (Not to Scale)

Installed by JAMES HUMER

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 REAR AREA = 100% CONVENTIONAL, GRAVITY-FED

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 9/15/93

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. C The proposed Deck addition does not appear to impact the existing septic system. it's Copy: Gold

**NOTE: Property Now owned by Charles Morrell

JAN. 1 R.S.

Date: 6-19-09

ICHD-Environmental Health Division