IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15411

OWNER OR CONTRACTOR MARSHALL W. GOODWIN, JR DATE 11/5/92 PERMIT NO. IIM-A-60

PHONE: Business _____ Home _____

LOCATION NE ON OLD MOCKSVILLE ROAD, ON (R) ~ 1/2 MILE PAST CHESTNUT GROVE ROAD, BACK OFF ROAD BEHIND WHITE TWO STORY HOUSE

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

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 4 ACRES

Soil Characteristics EXISTING

Application Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

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

Size of Tank EXISTING Gals.

Nitrification Field:

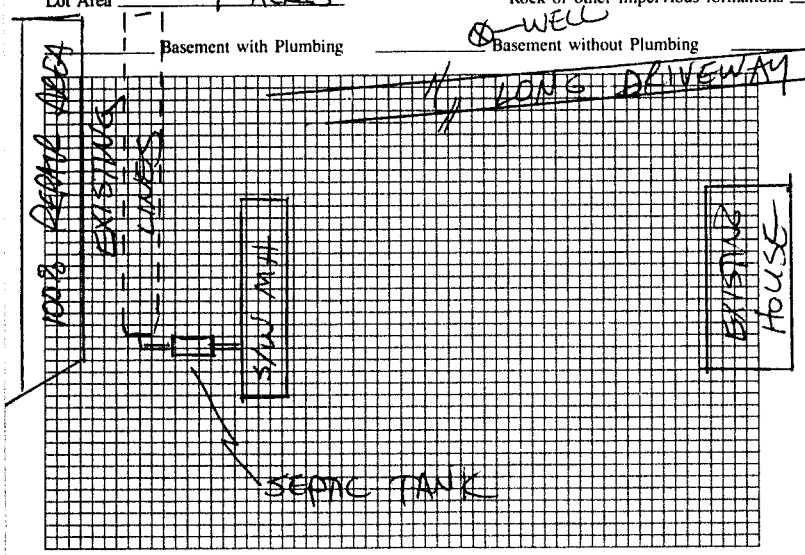
No. of Lines _____

Sq. Ft. _____ Lineal Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ☑ WELL

Public ☐



Plot of System (Not to Scale)

Installed by _____

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

① NEW MH NOT ON SITE AT TIME OF INSPECTION, KEEP MH MINIMUM 5' FROM SYSTEM ② REPAIR AREA IS 100% CONVENTIONAL, GRAVITY-FED

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY STEVE HEDRICK DATE 11/5/92

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