IREDELL COUNTY HEALTH DEPARTMENT

Voids Permit dated 5-21-95

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. Repair DATE 4-21-97 TAX MAP NO. Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Selinette Goforth PHONE: Business Home

ADDRESS 387 Sharon Sch. Rd Statesville

LOCATION I-40 TR Sharon Sch 2nd lot on left

SUBDIVISION BLOCK / SECTION LOT LOT AREA SITE CLASS. DESIGN FLOW 360 L.T.A.R.

Septic Tank: 1000 Existing Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet Linear Feet 300

No Lines 2 Trench Width 36in Max Trench Bottom Depth 30in Gravel Depth 12in

☐ New System ☒ Repair System Type: I, II, III, IV, V, VI

System Description:

Repair System Description: Gravity Conventional

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

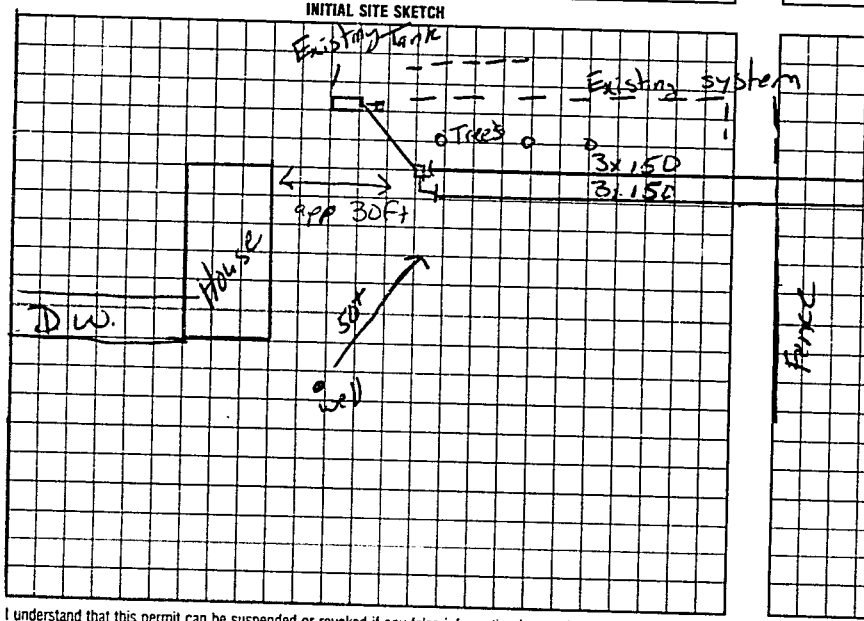
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

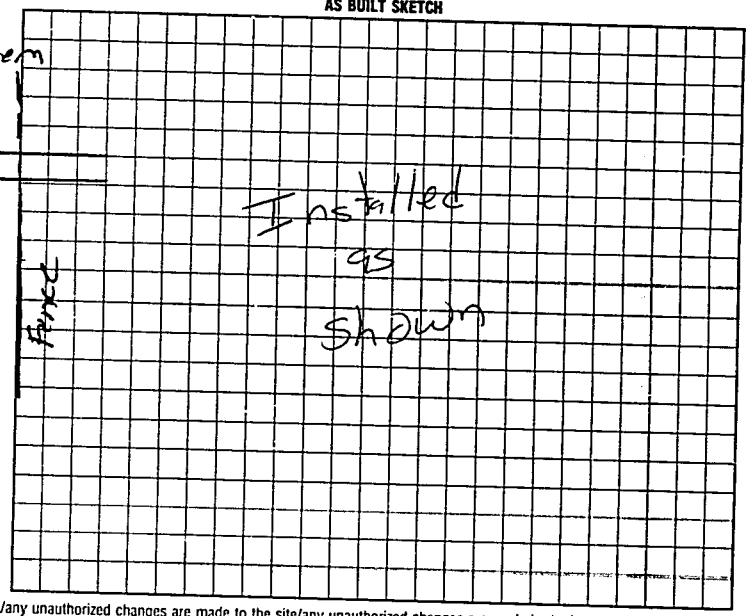
Comments: Keep lines on Contour 9ft on center
Check Sanitary T. Replace if needed
Keep lines 50ft from well.

Comments:
* lines are deep

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit is valid for 60 months from date of issuance

Signed: Thomas Setzer

Improvement Permit by: Mark Croft ES date 4-21-97

Authorization to const.

Existing System Inspection by Mark Croft ES date 4-21-97

Installed by: Berry Sigmon

Certificate of Completion by: Mark Croft ES date

Operation Permit by date 5-14-97

HEALTH DEPT COPY WHITE INSPECTION COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) GOLD