IREDELL COUNTY HEALTH DEPARTMENT

4615907642

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

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

PROPERTY DESCRIPTION NO. 15305 DATE October 12, '93 TAX MAP NO. 2D-1-A-184

OWNER OR CONTRACTOR Neil J. Goodnight Jr. PHONE: Business Home 846-4859

ADDRESS 10704 Virginia Dare Circle, Charlotte 28277

LOCATION 1100 TR 1236 Bear left then right on Stonemarker West .9 mile on right

SUBDIVISION Stonemarker BLOCK / SECTION II LOT 17 LOT AREA ~1 Ac SITE CLASS. PS L.T.A.R. .3

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1250 Gallons; STB 564 ACP Date 6-15-92

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Trench Depth 30-36" Gravel Depth 12"

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

System Description: Mainly Conventional

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☑ Yes ☐ No

☐ Mobile Home No. Bathrooms 3½ Auto. Dishwasher: ☑ Yes ☐ No

☐ Business No. Employees _____ Auto. Washing Machine: ☐ Yes ☐ No

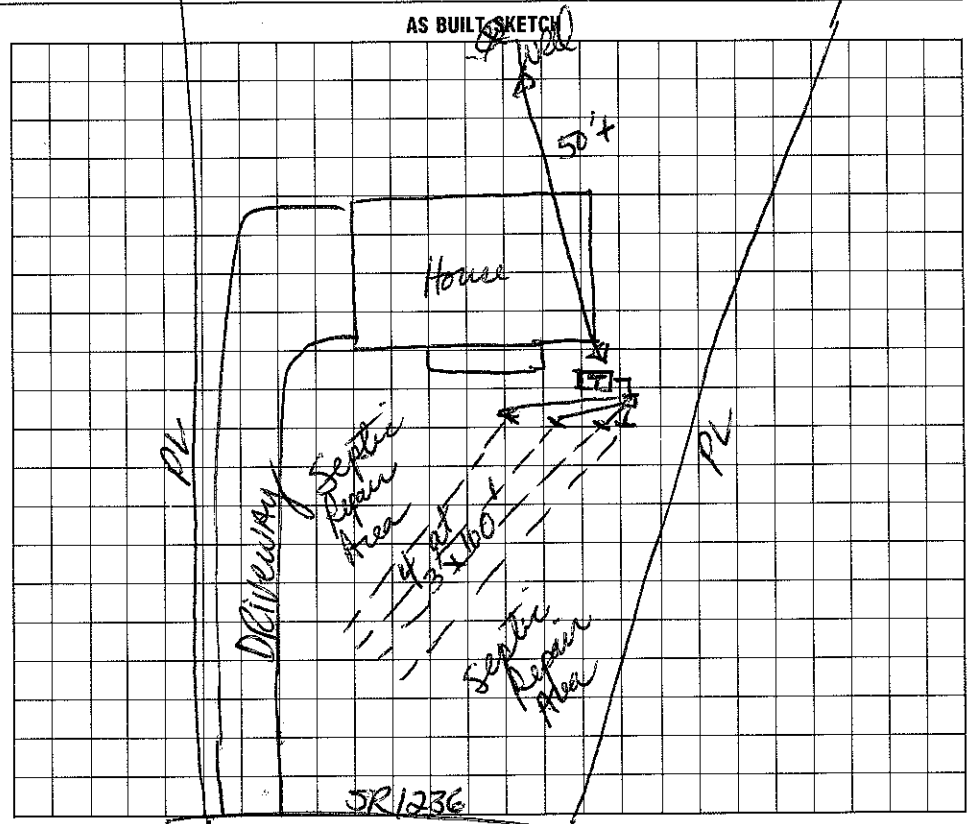
☐ Other _____ Other _____

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

Comments _____

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: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: _____ date _____

Installed by: _____

Certificate of Completion by: Dave Hinson, RS date 10/12/93

Operation Permit by: _____ date _____

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