51484

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 17757 DATE 5-11-94 TAX MAP NO. 3C-3-A-7 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Tom Goodson PHONE: Business _____ Home (910) 724-0573

ADDRESS 1010 Wellington Rd. Winston Salem, N.C. 27106

LOCATION From Troutman take Perth Rd. TR State Park Rd. TL Morrison Farm Rd. TL Still water lot on L approx 1/4 mile after sharp curve.

SUBDIVISION Crescent Res. BLOCK / SECTION 1B LOT 7 LOT AREA _____ SITE CLASS. P.S. DESIGN FLOW 480 L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 4/26/94

Pump Tank: — Gallons; PT — Date _____

Pump Make: — Model — Serial No. _____

Nitrification Field: No Fields 2 Square Feet 540 Linear Feet 270' panels

No Lines 3 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth 24" sand

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

System Description: gravity fed panels.

Repair System Description: not required max-feasable

Maintenance Agreement Required: ☐ Yes ☑ No Shown

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3.5

☐ Business No. Employees ____

☒ Other adding Bedroom, Bath, and

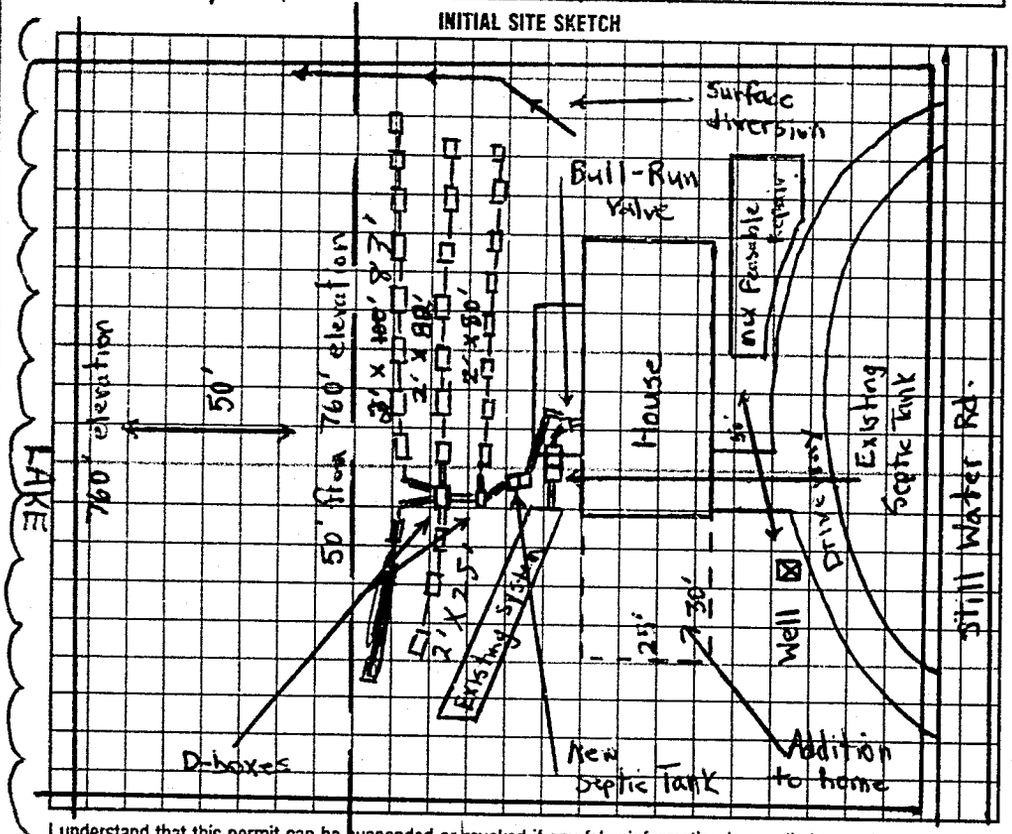
☑ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: INSTALL Bull-Run-valve, add new tank and install 270' of panels. Install 62 panels gravity fed. Keep Lines and trenches on contour. Keep system 6' from existing system, 10' from all property lines, 50' from any well, and 50' from 760' elevation mark.

Comments: Due To concerns of clogging of ~~solids~~ Through Bull Run valve This Device was Eliminated

INITIAL SITE SKETCH



AS BUILT SAME AS INITIAL 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: X Tom Goodson

Improvement Permit by: Michael J. Dennis date 5-11-94

Existing System Inspection by: _____ date _____

Installed by: Yountz S.T. Co.

Certificate of Completion by: R. C. Moore date 8-1-94

Operation Permit by: _____ date _____

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