~~(4:00)~~ (2:00)

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 078963 PIN# 4648273561 PT DATE 2/24/99

OWNER OR CONTRACTOR CLYDE GOODMAN PHONE: Business Home 857-7433

ADDRESS 1035 Mt. Moriah Ch Rd., China Grove, NC 28023

LOCATION 2 N, TL Cornelius, TL Homer, 4th from end

SUBDIVISION Cornelius S/D BLOCK / SECTION LOT 21 LOT AREA 1. SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 760 Date 3-5-99
Pump Tank: 1000 Gallons; PT 188 Date 3-7
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 5@60 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: 25% Redx/Pump/PM
Repair System Description:
Maintenance Agreement Required: ☐ Yes ☐ No

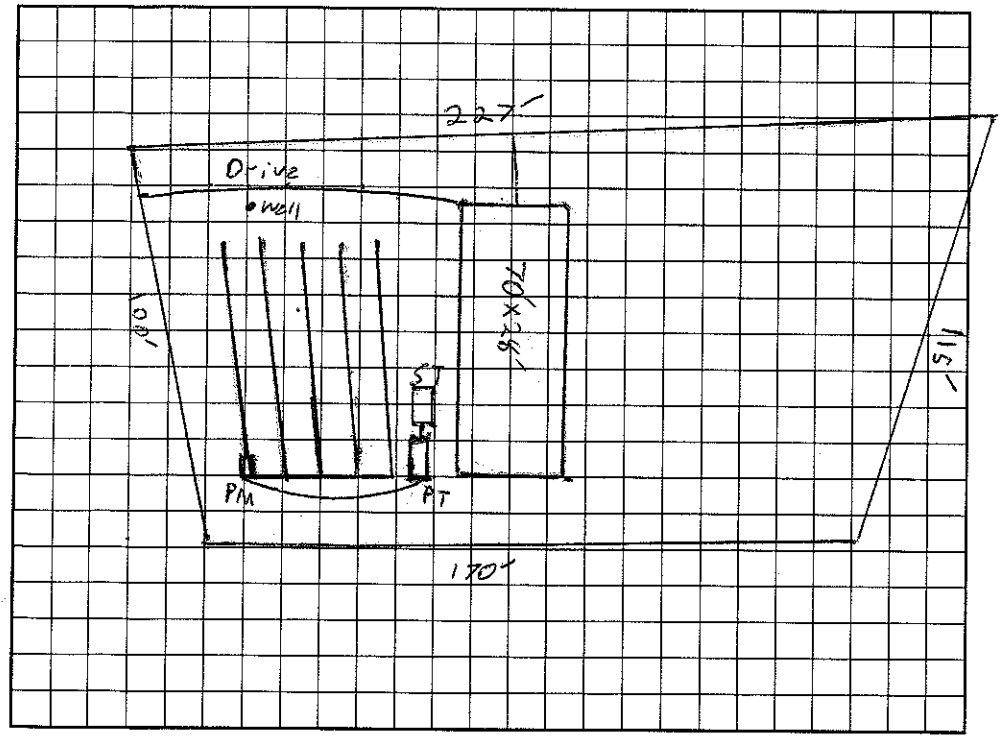
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions:
Keep septic 10' off PL & 5' off House
Install lines on Contour
Keep septic min. of 100' from new well

Comments/Conditions:
System will not be finaled until well is properly abandoned.

INITIAL SITE SKETCH



AS BUILT SKETCH

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 with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Clyde R. Goodman date 3/2/99
Improvement Permit by: Jeff Morgan date 3/2/99
Authorization to Construct by: Jeff Morgan date 3/2/99

Installed by: Upright Grading
Operation Permit by: Jeff Morgan date 6-24-99
Existing System Inspection by: date

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