IREDELL COUNTY HEALTH DEPARTMENT

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

80.00 Paid

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

PERMIT# 124177 PIN# ~~4665-06-4154.003~~ 4665-06-5203 DATE 1/26/05

OWNER OR CONTRACTOR Jim Goodwin PHONE: Business _____ Home _____

ADDRESS 4277 Apex Dr. Maiden NC 28650

LOCATION Shearers TR Faith on Rt

SUBDIVISION Goodwin Est. BLOCK / SECTION _____ LOT 3 LOT AREA 0.52AC SITE CLASS. PS DESIGN FLOW 450 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 825 Date 11/18/04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 8@50' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Gravity 25% Reduct.
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____

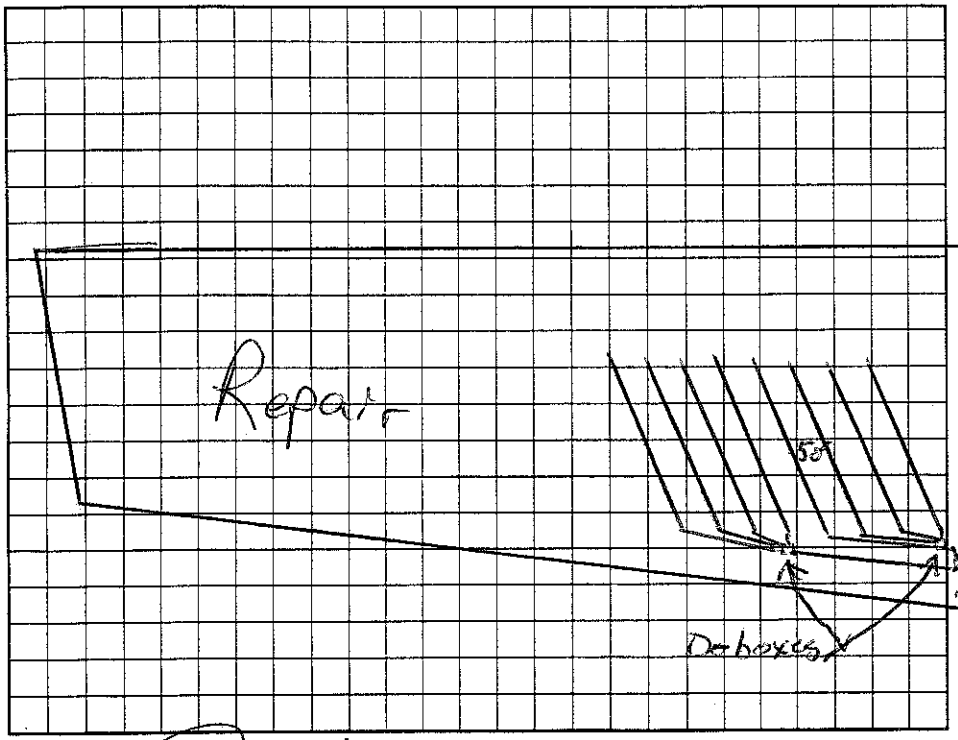
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Public
☐ Community

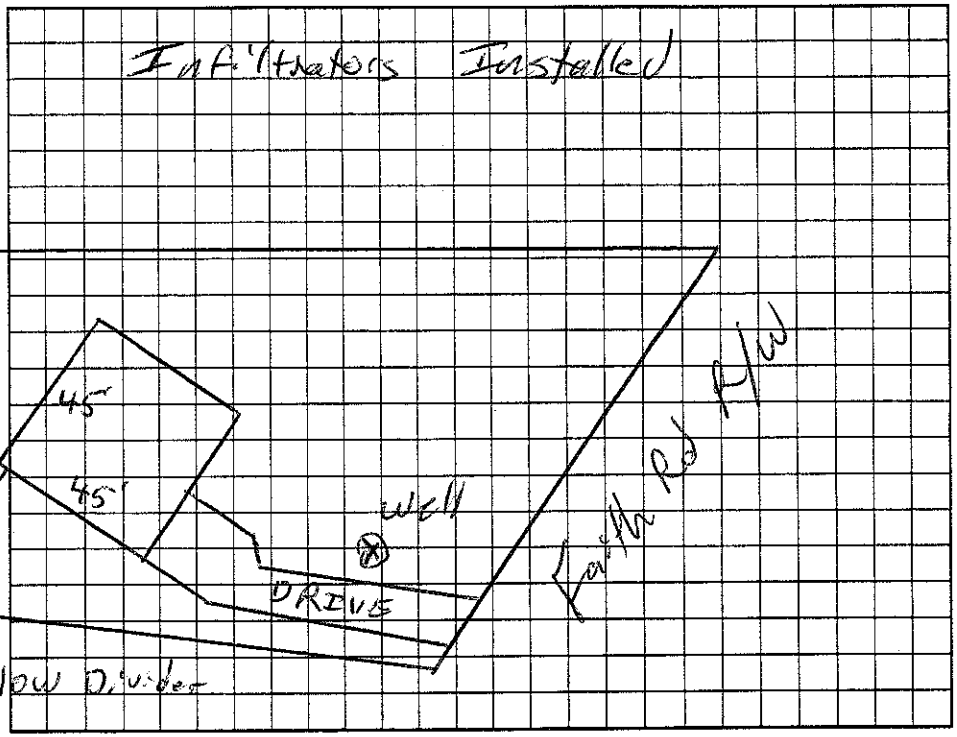
Comments:/Conditions:

Comments:/Conditions:

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: _____ date 1/31/05 Installed by: Rowan Septic

Improvement Permit by: RS date 1/26/05 Operation Permit by: RS date 2/9/05

Authorization to Construct by: RS date 1/26/05 Existing System Inspection by: _____ date _____

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