IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135184 PIN# 4676428289 DATE 5-10-06

OWNER OR APPLICANT Bryan Godfetter / David Cabe PHONE: Business 663-4041 E Home 634-2500

ADDRESS 1808 Triplett Rd Mt. Ulla, NC

LOCATION North Main St TR Linwood 1st house on left past Teeter Rd #857

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA Acreage SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: Existing Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 330 Linear Feet 110

No Lines 2 Trench Width 36" Max Trench Bottom Depth 36" + Gravel Depth N/A

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

System Description: Gravity - 25% Reduction "Accepted"

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

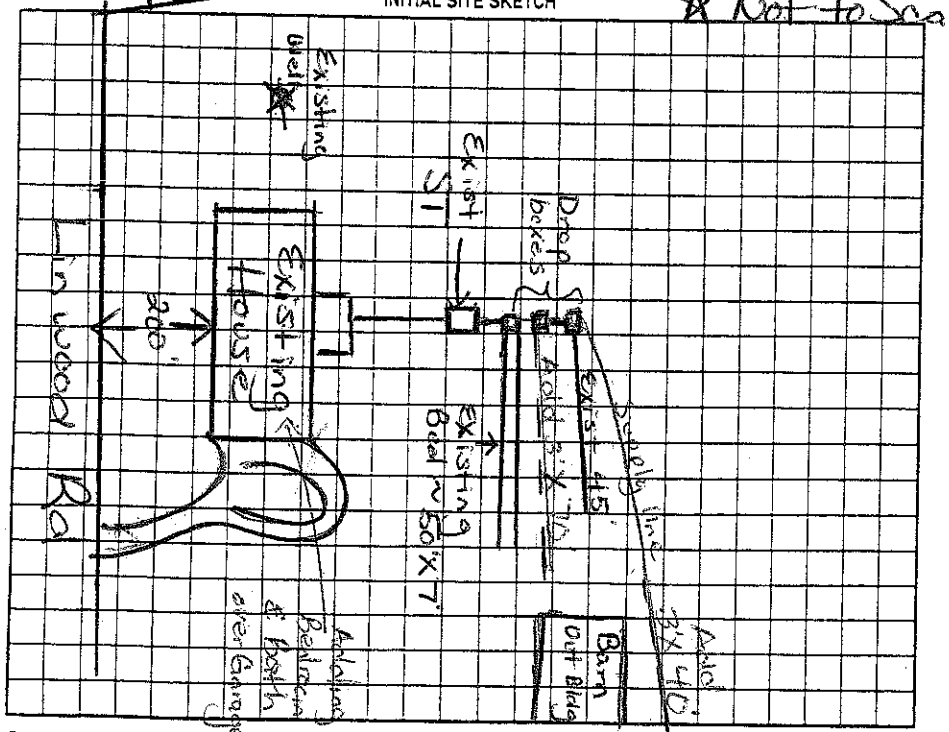
☒ Gravity ☑ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Add

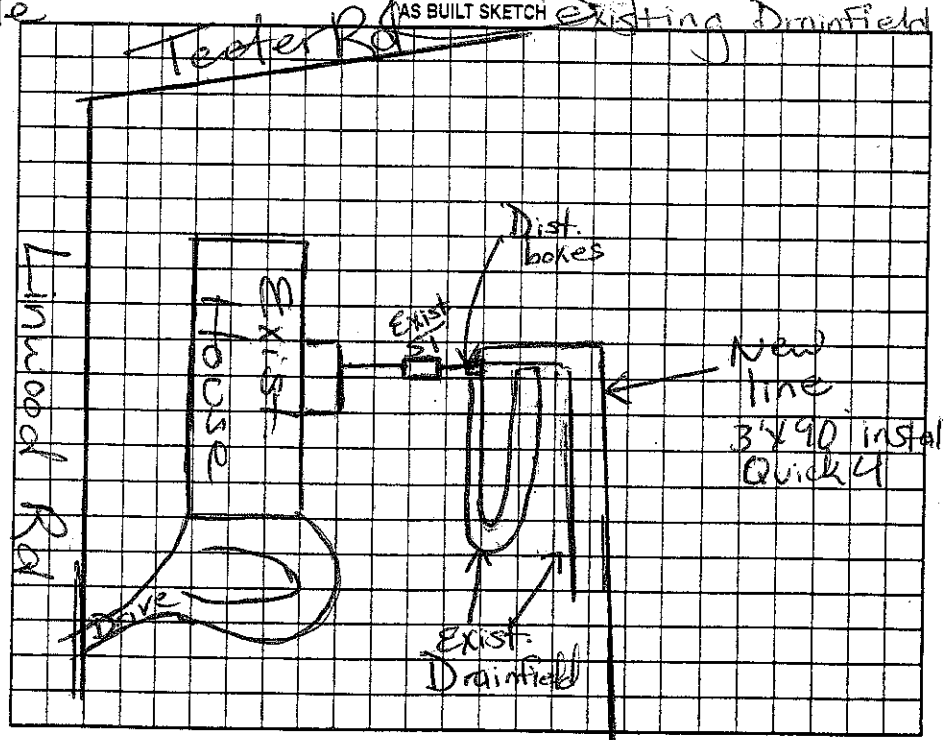
Comments/Conditions: Add'l 2 drainlines to system 25% Reduction or "Accepted" Material. Use "Drop boxes" btw. lines.

Comments/Conditions: ☆ Existing System designed for 3 Bedroom adding Drainfield for 1 extra Bedroom. Owner/Builder should pump Septic tank prior to addition of Drainfield & may want to "Terralift"

INITIAL SITE SKETCH ☆ Not to Scale



AS BUILT SKETCH Existing Drainfield



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: Bryan L. Godfetter date 5/11/06

Improvement Permit by: Maria H. Dotson RS date 5/10/06

Authorization to Construct by: Maria H. Dotson RS date 5/10/06

Installed by: Wayne Monta

Operation Permit by: Maria H. Dotson RS date 7/24/06

Existing System Inspection by: _____ date _____

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