IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111930 PIN# 4706-33-9956 DATE 4/23/03

OWNER OR CONTRACTOR Jimmy Goss PHONE: Business (704) 309-0471 Home —

ADDRESS P.O. Box 142 Landis N.C. 28088

LOCATION Hwy 90 W, ② Robertson Rd, ① Ridge Run Drive, on right

SUBDIVISION Ridgewest Est BLOCK / SECTION II LOT 24 LOT AREA .510 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 4000 Gallons; STB 1012 Date 1-2-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model Ecoflo Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 360
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, ⓘ IV, V, VI
System Description: Gravity, 25% Red.
Repair System Description: Pump, 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

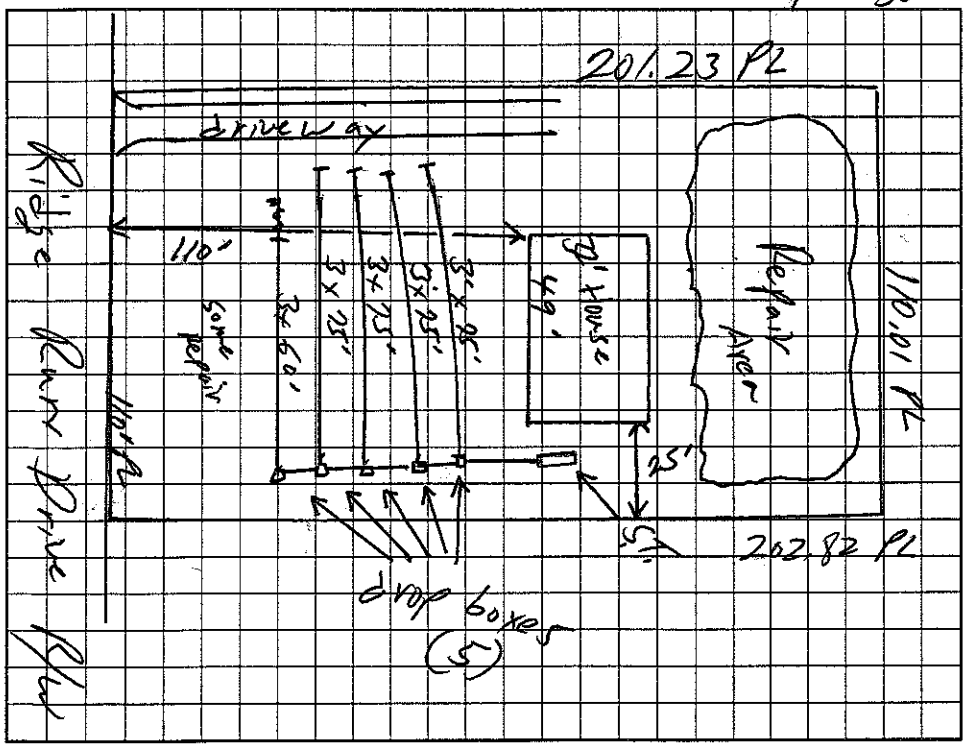
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2½
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

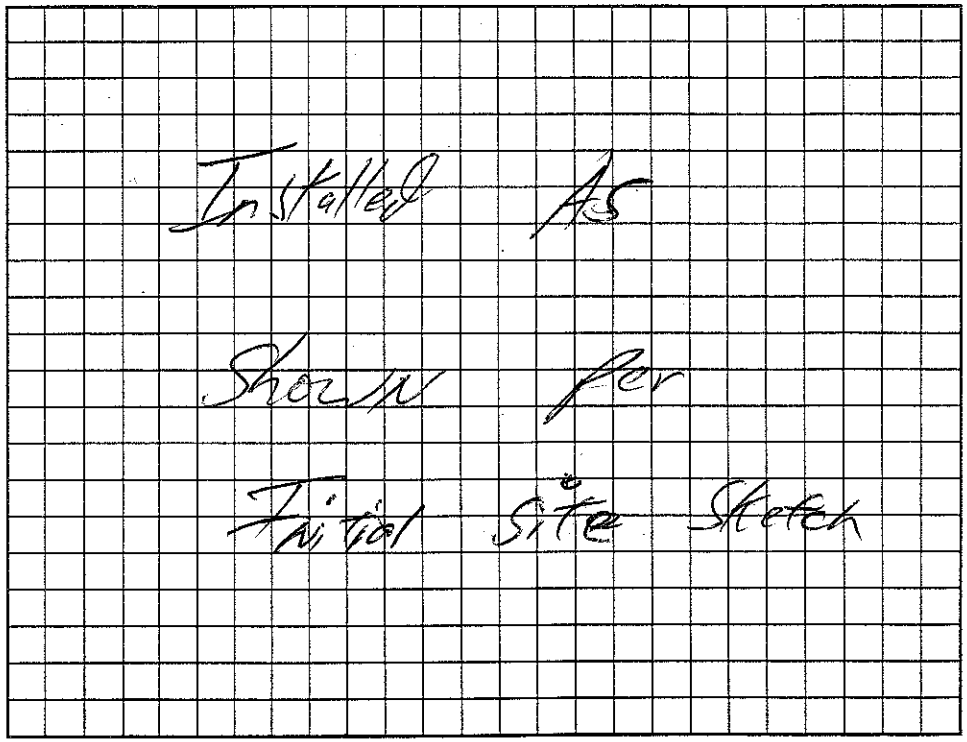
Comments:/Conditions: ① Install lines on contour ② maintain proper setbacks ③ Do not install when wet

Comments:/Conditions: Installed 60 In-Ft/Inter Chambers -ST Mater + Turf-Tite Filter Installed

INITIAL SITE SKETCH 1" = 50'



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: [signature] date 4/24/03 Installed by: T. Frye

Improvement Permit by: William O. Johnson date 4/23/03 Operation Permit by: William O. Johnson date 7/29/03

Authorization to Construct by: William O. Johnson date 4/23/03 Existing System Inspection by: ____ date ____

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