IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 91671 PIN# 4707639408 DATE 9/11/00

OWNER OR CONTRACTOR Joe Goodin PHONE. Business _____ Home (704) 585-2101

ADDRESS 188 Liberty Hill Rd. Statesville NC 28625

LOCATION 115 N, L Midway, 5 Miles on Lt.

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 31 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1007 Date 8-11-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36"

[X] New System [ ] Repair System Type: I II III IV V VI
System Description: Grav. Conv.
Repair System Description: Same
Maintenance Agreement Required: [ ] Yes [X] No

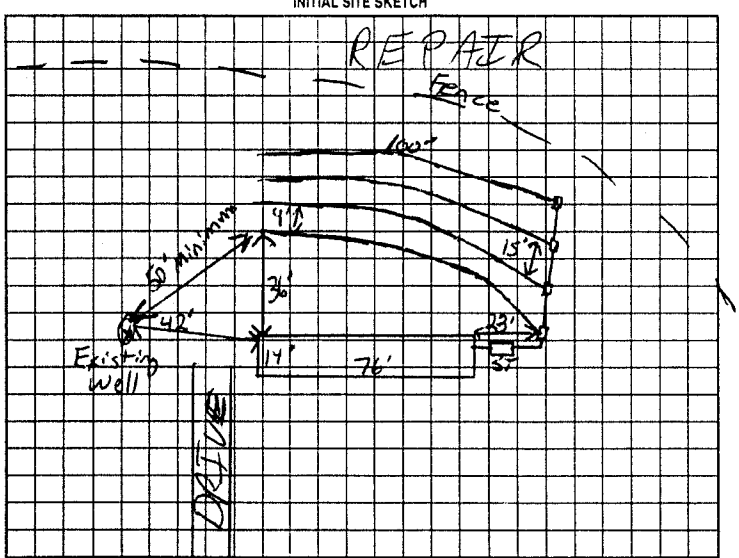
[ ] House/Mod Home [X] Mobile Home [ ] Business [ ] Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____
Gravel Depth 12" [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions: Keep System 50' Minimum from Existing Well
Drop Boxes - Not to scale

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: Joe E Goodin date 9-12-00 Installed by: Travis Enterprises

Improvement Permit by: [signature] RS date 9/11/00 Operation Permit by: [signature] RS date 9/18/00

Authorization to Construct by: [signature] RS date 9/11/00 Existing System Inspection by: _____ date _____

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