IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 18470 DATE 5/10/94 TAX MAP NO. 90-A-22

OWNER OR CONTRACTOR JOE E. GOODIN PHONE: Business Home (704) 585-2101 Watershed: ☐ Yes ☑ No

ADDRESS RT-8, Box 99 STATESVILLE, NC 28677

LOCATION NC 115 N, TL MIDWAY ROAD, LOT #1 (L) JUST PAST ANTIETAM RD ~ 0.5 MILE

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 3.1 ACRES SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. EXISTING

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet EXISTING

No Lines 2 Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth 12"

☐ New System ☐ Repair System Type: I (II) III, IV, V, VI

System Description: CONV. GRAVITY

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

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

☐ House/Mod. Home No. Bedrooms 2

☑ Mobile Home No. Bathrooms 1

☐ Business No. Employees _____

☐ Other _____

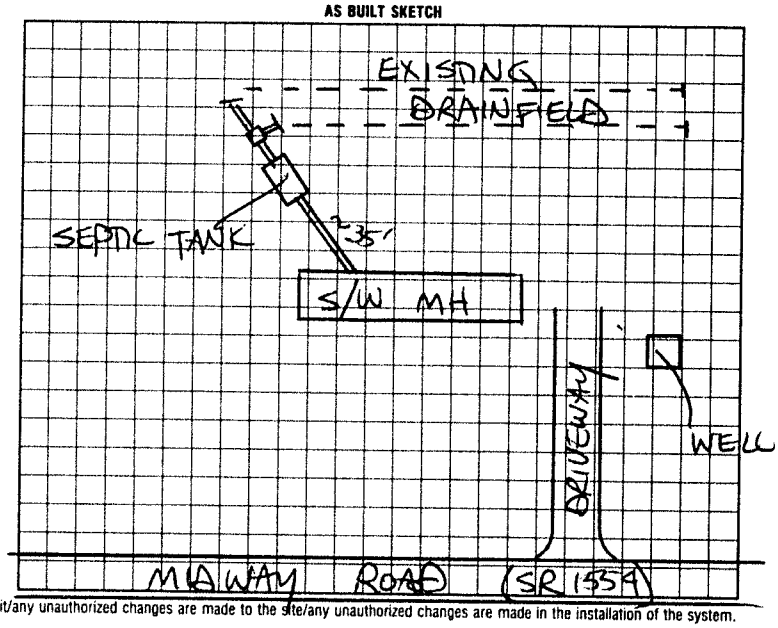
Water Supply:
☑ Individual
☐ Community
☐ Public
WELL

Comments:

Comments:

INITIAL SITE SKETCH

AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: STEVE HENDRICK date 5/10/94

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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