IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (cw) (cw) MOORESVILLE 704-664-5281 A

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

PERMIT # 16263 PIN # 4709-41-~~7587~~ 8638 DATE 11 June 10

OWNER or APPLICANT Josh Goodwin PHONE: Business _____ Home: (704)-746-7094

OWNER or APPLICANT ADDRESS 1007-10 Foxcroft Ln. Statesville

LOCATION / DIRECTIONS 115N TL Pisgah Ch. Rd. TL Chicamoo Dr.

SUBDIVISION _____ BLOCK / SECTION _____ LOT # _____ LOT AREA 0.9/ac DESIGN FLOW 360 g/d L.T.A.R. 0.3 g/ft²/d

Septic Tank 1000 Gallons: STB 1012 Date 5-04-10
Pump Tank _____ Gallons: P T _____ Date _____
Pump Make _____ Model _____ Serial # _____
Nitrification Field No Fields 1 No Lines 4 Linear Feet 300
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth NA ☑ GRAVITY ☐ PRESSURE

☑ New System ☐ Repair ☐ Expansion System Type I II (III) IV V VI
System Description: 25% Reduction
Repair System Description: 25% Reduction
Maintenance Agreement Required ☐ YES ☑ NO

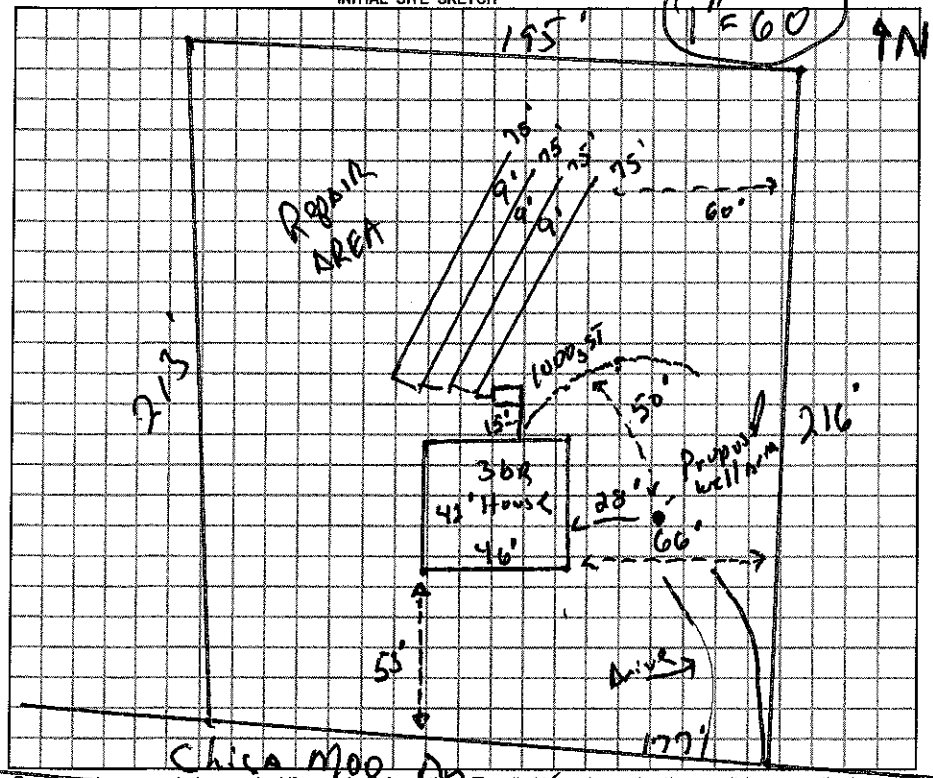
☑ Residence No. Bedrooms 3
☐ Business No. Persons _____
☐ Other No. Employees _____
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions

Comments / Conditions

INITIAL SITE SKETCH



AS BUILT SKETCH

Install as drawn.

House not built at this time.

well not constructed at this time.

Bio Nrc 36

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 w / plat valid without expiration* ☑ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☑ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: Angel Hall Date 6/15/10

Improvement Permit by: _____, R.S. Date 11 June 10

Authorization to Construct by: _____, R.S. Date 11 June 10

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: Ground Breakers

Operation Permit by: _____, R.S. Date: 24 June 10

Existing System Inspected by: _____ Date: _____

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant