IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 128930 PIN# 4711-48-9064 DATE 7-21-05

OWNER OR CONTRACTOR JERRY GOODMAN PHONE: Business (704) 645-5193 Home (704) 528-5969

ADDRESS 140 TROUTMAN SHOALS RD. STATESVILLE NC 28677

LOCATION I-40W TL ONR TR BUFFALO SHOALS TR TROUTMAN SHOALS 2ND MH ON RT

SUBDIVISION TROUTMAN TRACE BLOCK / SECTION II LOT 4 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 290 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 EX

No Lines THREE (3) Trench Width EX Max Trench Bottom Depth EX Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 2 No. Bathrooms ____ No. Employees ____

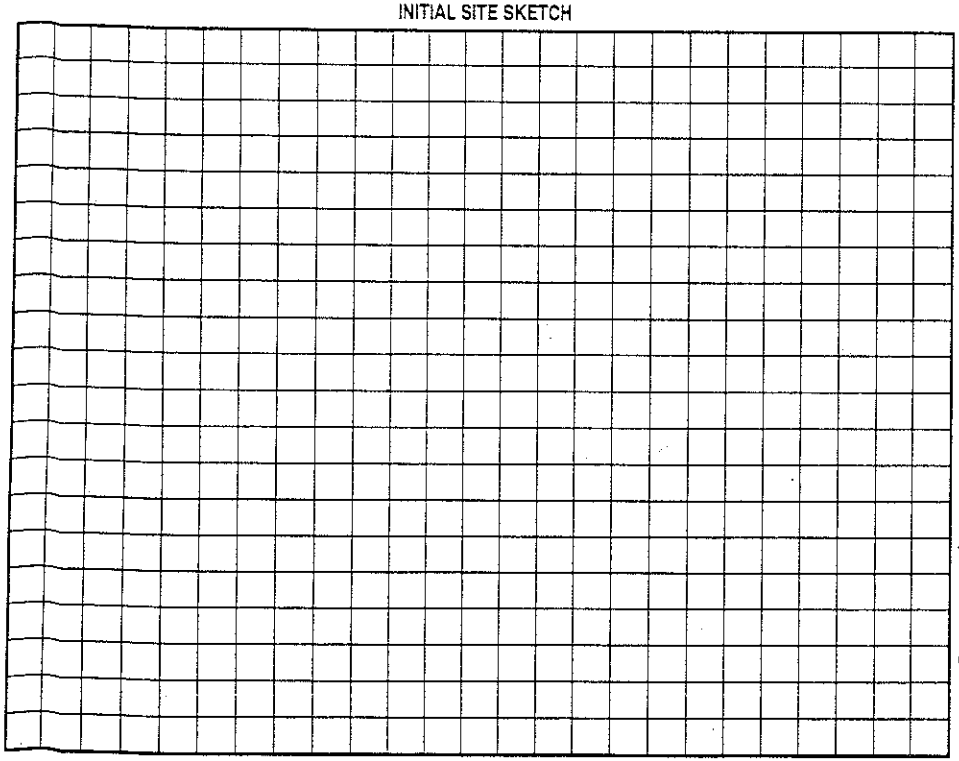
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

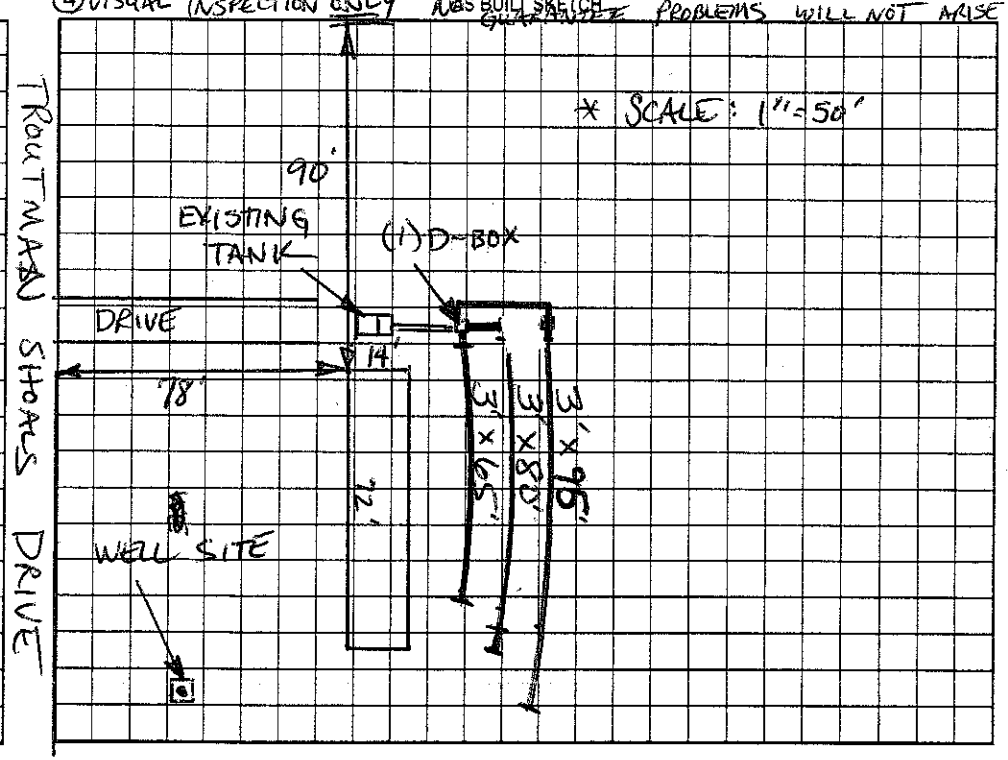
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: ① SYSTEM FUNCTIONING PROPERLY AT TIME OF INSPECTION ② PERMISSION TO CONNECT NEW STRUCTURE ONTO EXISTING SYSTEM ③ NEW STRUCTURE SHALL NOT INCREASE # OF BEDROOMS AS TO WHAT SEPTIC SYSTEM SIZED FOR ④ VISUAL INSPECTION ONLY AS BUILT SKETCH GUARANTEE PROBLEMS WILL NOT ARISE IN FUTURE

INITIAL SITE 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: Jerry C Goodman date 7-21-05 Installed by: ROWAN SEPTIC

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: [signature] date 7-21-05

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

RS, LSS