IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 205785

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

PIN # 4712373721

APPLICANT: Chad Goodin Signature APPLICANT ADDRESS: 915 River Hwy Mooresville NC 28117

SITE ADDRESS: 121 Lands End Dr Statesville NC 28677 PHONE: 704-363-7302 ALT. PHONE: 704-872-9460

SITE DIRECTIONS: 40 W T/L Old Mtn Rd T/R Eufola Rd T/L Lands End Dr

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 17.05ac DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	794	Date	9-2-14	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II [III] IV V VI
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:	25% Reduction		
Pump Make	N/A	Model	Poly/Lok	Serial #	PL 68	Repair System Description:	25% Reduction		
# Nitrification Fields	1	# Lines	3	Linear Ft:	300	Maintenance Agreement Required:	[ ] YES	[X] NO	
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	[X] GRAVITY	[ ] PRESSURE		

[X] Residence [ ] Business [ ] Other [ ] Slab [ ] Basement w/plumbing

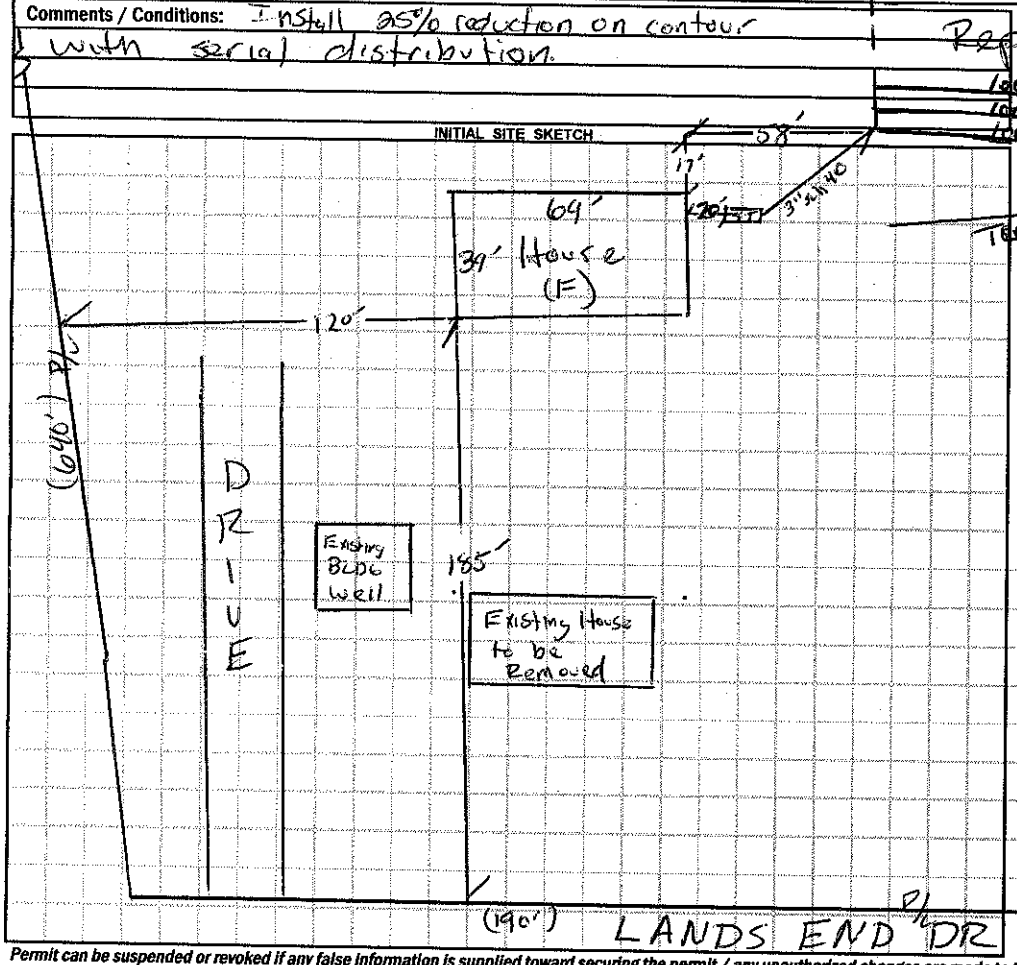
No. Bedrooms 3 No. Persons 6 No. Employees [X] Crawl Space

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

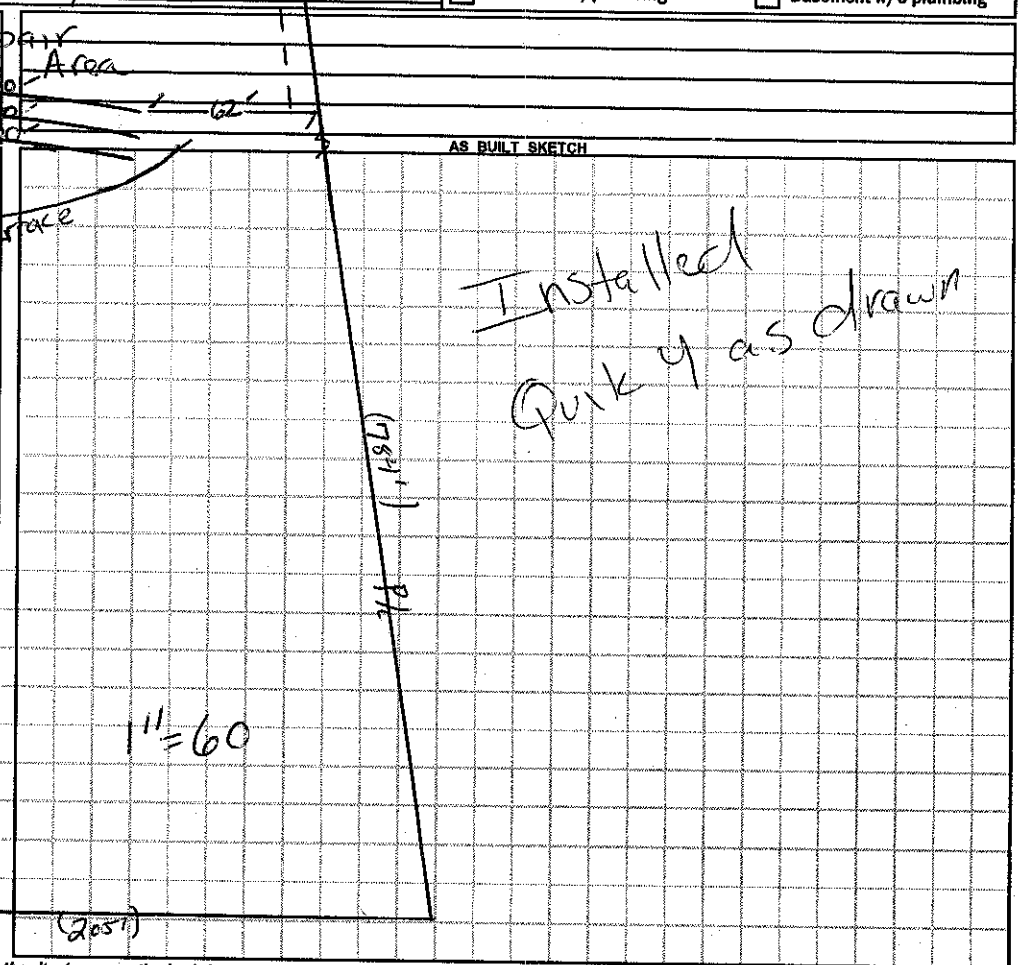
[ ] Basement w/o plumbing

Comments / Conditions: Install 25% reduction on contour with serial distribution.

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: CGH INC Date: 11/03/2014 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Date: 10/31/14 OPERATION PERMIT by: Date: 11/12/14

AUTHORIZATION TO CONSTRUCT by: Date: 10/31/14 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK