IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094222 PIN# 4717 11 2197 DATE 2-15-01

OWNER OR CONTRACTOR DARLENE M. GOFORTH PHONE: Business Home (704) 878-2271

ADDRESS 488 BARRY OAK ROAD, STATESVILLE, NC 28625

LOCATION NC 115 N, TL MIDWAY ROAD, DRIVE ON LEFT PAST BOX # 1041, ~3700 FEET BACK

SUBDIVISION BLOCK / SECTION LOT LOT AREA 53.7 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 825 Date 2-05-01
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III IV V VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONVENTIONAL GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 2-3 No. Bathrooms 2 No. Employees

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

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments/Conditions:

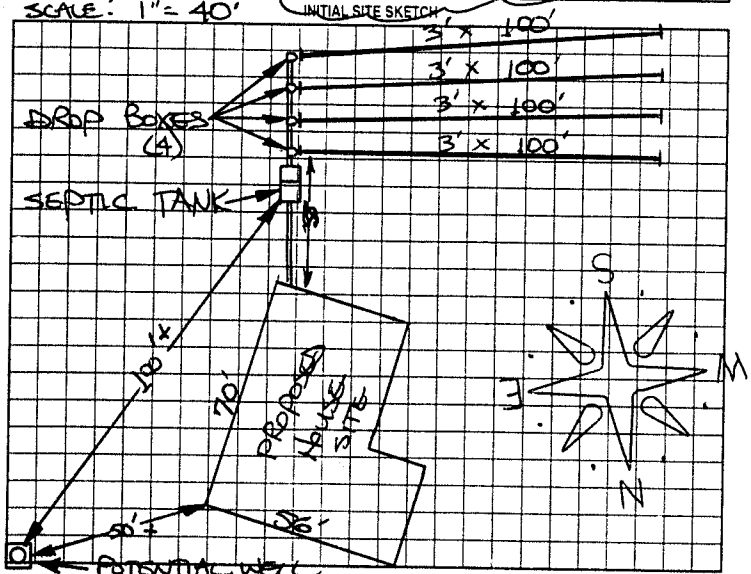
REPAIR AREA

Comments/Conditions:

-Polylok Filter Installed

SCALE: 1" = 40'

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as per 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: Darlene M Goforth date 2-15-01

Improvement Permit by: STEVE HEDRICK date 2-15-01

Authorization to Construct by: STEVE HEDRICK date 2-15-01

Installed by: Mike Barker

Operation Permit by: William O. Johnson date 6/7/01

Existing System Inspection by: date

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