53053

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. 18738 DATE 9/20/94 TAX MAP NO. 14K-2-A-9 \10 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR ROGER DALE GOFORTH PHONE: Business 873-7202 Home 876-4727

ADDRESS RT. 2, BOX 192-A HIDDENITE NC 28636

LOCATION NC 115N, TL SR 1571, TR SR 1575, TL SR 1578, TR SR 1577 ~ 0.75 MILE ON (R)

SUBDIVISION ASGAH CIRCLE BLOCK / SECTION ____ LOT 9 \10 LOT AREA AMPLE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.33 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 11/6/94
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360
No Lines 3 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

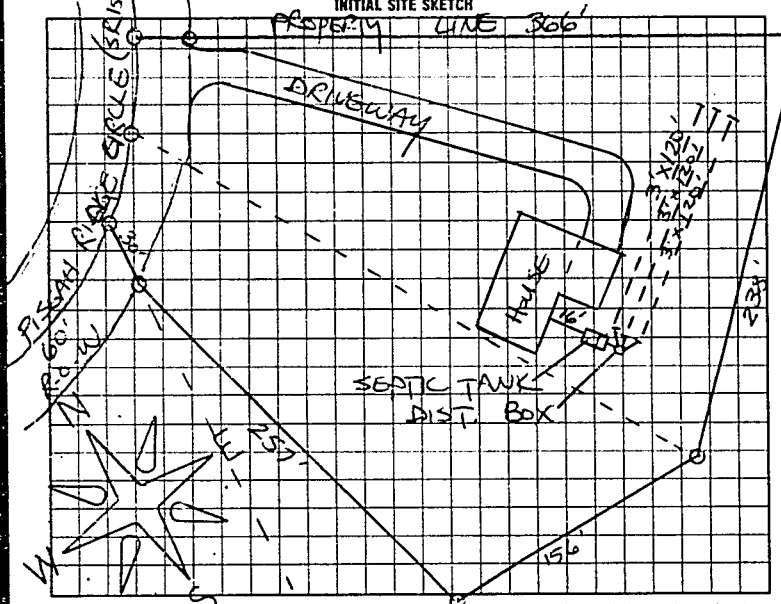
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Community
☐ Public
WELL

Comments: (1) KEEP SYSTEM MINIMUM 5' FROM FOUNDATION, 10' FROM PROPERTY LINE, 100' FROM WELL (2) INSTALL LINES AS SHOWN, NO DEEPER THAN 36", 9' MINIMUM O/C CENTER

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE 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: Dale Goforth

Improvement Permit by: STEVE HENDRICK date 9/20/94

Existing System Inspection by: ____ date ____

Installed by: KENNY PEARSON

Certificate of Completion by: STEVE HENDRICK date 3/13/95

Operation Permit by: ____ date ____

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

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