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 MOORESVILLE, 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 ____

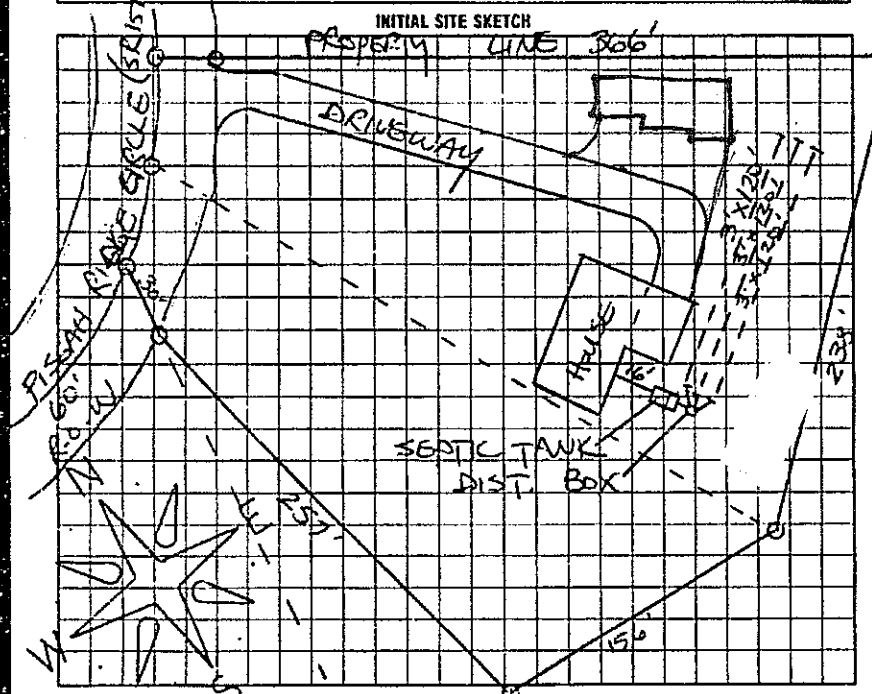
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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 ON CENTER

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE SKETCH

The location of the proposed detached garage addition does not appear to impact the existing septic system. **NOTE: ____

REHS

Date: 5-2-11

ICHD-Environmental Health Division

Renewal 19/365

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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