IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 8-1-2000

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

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

PERMIT# _____ PIN# 4725-75-9366 DATE 7-23-02

OWNER OR CONTRACTOR MARK GOODIN PHONE: Business c/o 704-528-1504 Home _____

ADDRESS 410 BEVERLY DR, STATESVILLE NC 28677

LOCATION NC 90 W, TR MONTICELLO DR, TL MEADOWLARK, TR BLUE JAY WAY, 3RD LOT ON RIGHT

SUBDIVISION AUDUBON ACRES BLOCK / SECTION _____ LOT 46 LOT AREA 0.7805 ACRE SITE CLASS PS DESIGN FLOW 600 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1500 Gallons: STB 268 Date 7-22-02 ☑ New System ☐ Repair System Type: I II III IV V VI

Pump Tank: _____ Gallons: PT _____ Date _____ System Description: 25% REDUCTION, GRAVITY

Pump Make: _____ Model _____ Serial No _____ Repair System Description: 50% REDUCTION, LOW

Nitrification Field: No Fields 1 Square Feet ER TO 2000 Linear Feet 500 Maintenance Agreement Required: ☐ Yes ☒ No PRESSURE

No Lines EIGHT Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

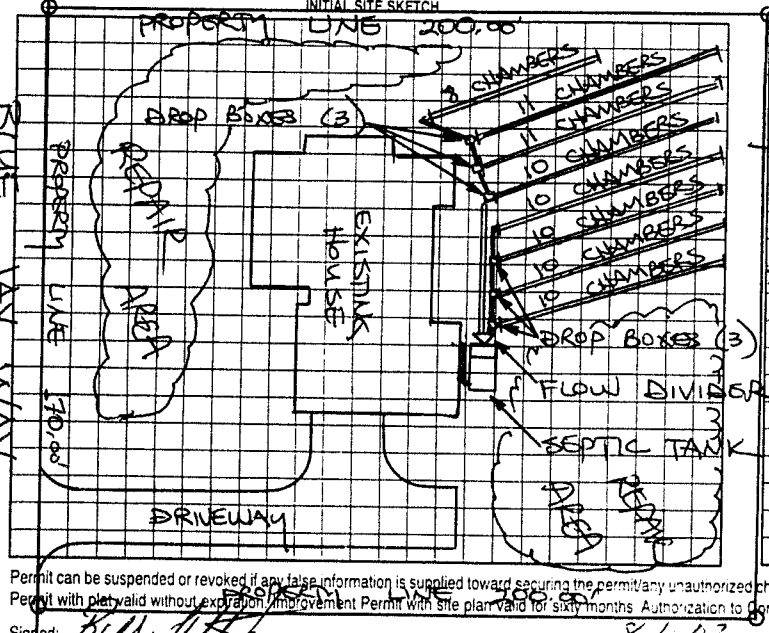
☑ House/Mod Home No. Bedrooms 4 ☐ Mobile Home No. Bathrooms ___ ☐ Business No. Employees ___ ☐ Other + BONUS ROOM

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: ① INSTALL 25% REDUCTION SYSTEM USING EIGHTY (80) CHAMBERS (AT REQUEST) AS FLAGGED ② REMOVE EXISTING FIELD TERRACE SCALE: 1"=40'

Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "POLYLOK" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO 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: _____ date 8-1-02 Installed by JAMES HUDLER

Improvement Permit by: STEVE HENDRICK date 7-23-02 Operation Permit by: STEVE HENDRICK date 9-4-02

Authorization to Construct by: STEVE HENDRICK date 7-23-02 Existing System Inspection by: _____ date _____

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