IREDELL COUNTY HEALTH DEPARTMENT

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

56557

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 216 14 DATE 7-6-95 TAX MAP NO. 9A-9-A-37 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR MARSHALL GODFREY PHONE: Business Home 872-3776

ADDRESS 482 MILLER FARM RD STATESVILLE, NC. 28677

LOCATION NC 115 N, TL SCOTTS CRK, TL MILLER FARM TR ANTLER, 6TH Lot on RT

SUBDIVISION DEER CROFT BLOCK / SECTION 1 LOT 37 LOT AREA 115'X205' SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.35

Septic Tank: 1000 Gallons; STB 1012 Date 9-18-95
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345
No Lines 4 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 GRAV
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

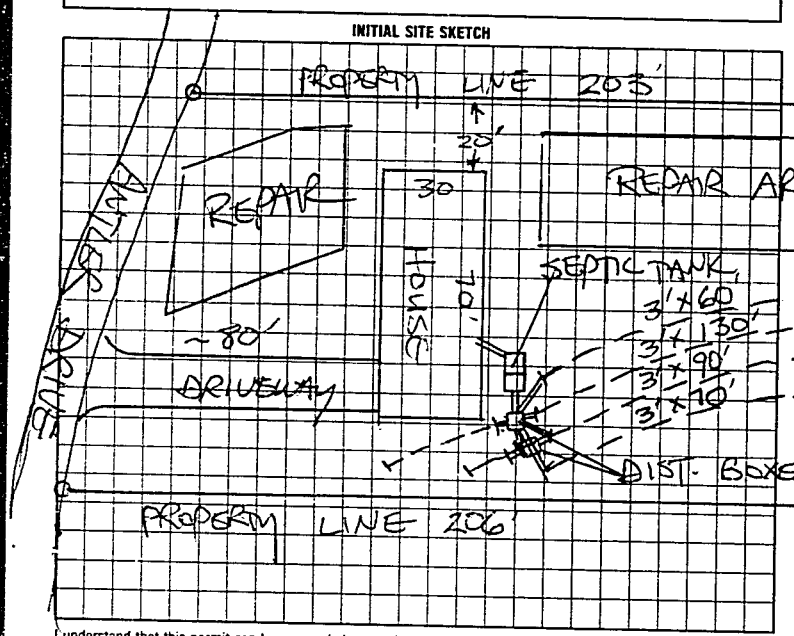
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

Water Supply:
☐ Individual
☐ Community
☒ Public

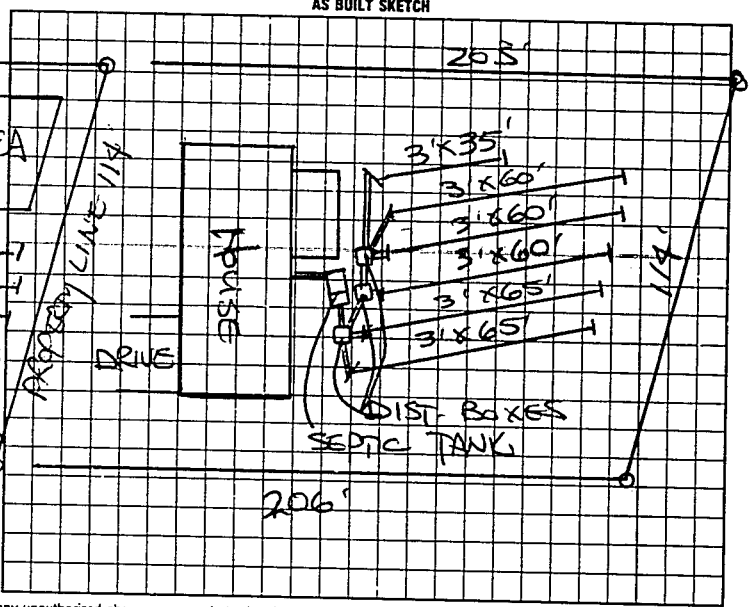
Comments:

Comments: REPAIR AREA IN FRONT YARD

INITIAL SITE SKETCH



AS BUILT 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: x Marshall Godfrey

Improvement Permit by: STEVE HEDRICK date 7-6-95

Existing System Inspection by: ____ date ____

Installed by: JAMES HYDLER

Certificate of Completion by: ____ date ____

Operation Permit by STEVE HEDRICK date 10/18/95

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