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. 070191 DATE 10-31-97 TAX MAP NO. 4726717927 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR MARSHALL GODFREY PHONE: Business Home 872-3976

ADDRESS 482 MILLER FARM ROAD, STATESVILLE, NC 28625

LOCATION NC 115 N, TL SCOTTS CREEK, TL MILLER FARM, TR DOE TRAIL, 1ST LOT ON RIGHT

SUBDIVISION DEERCROFT BLOCK / SECTION I LOT 1 LOT AREA 0.6137 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.33 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 11-19-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines SIX 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 PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

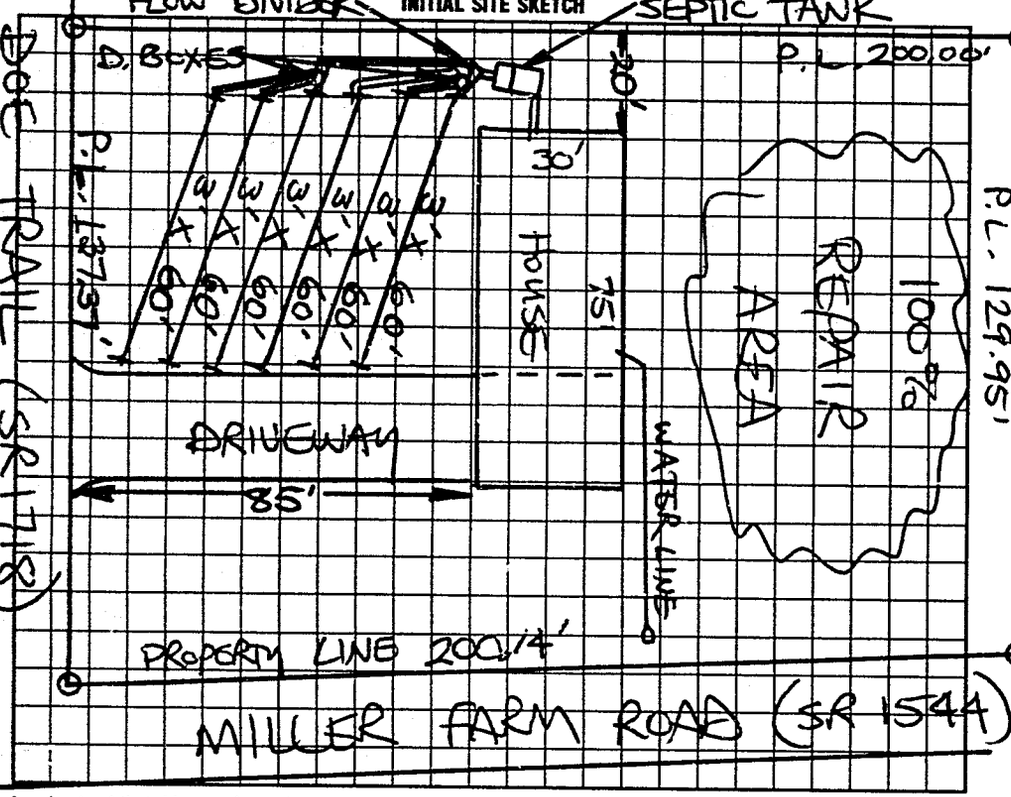
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

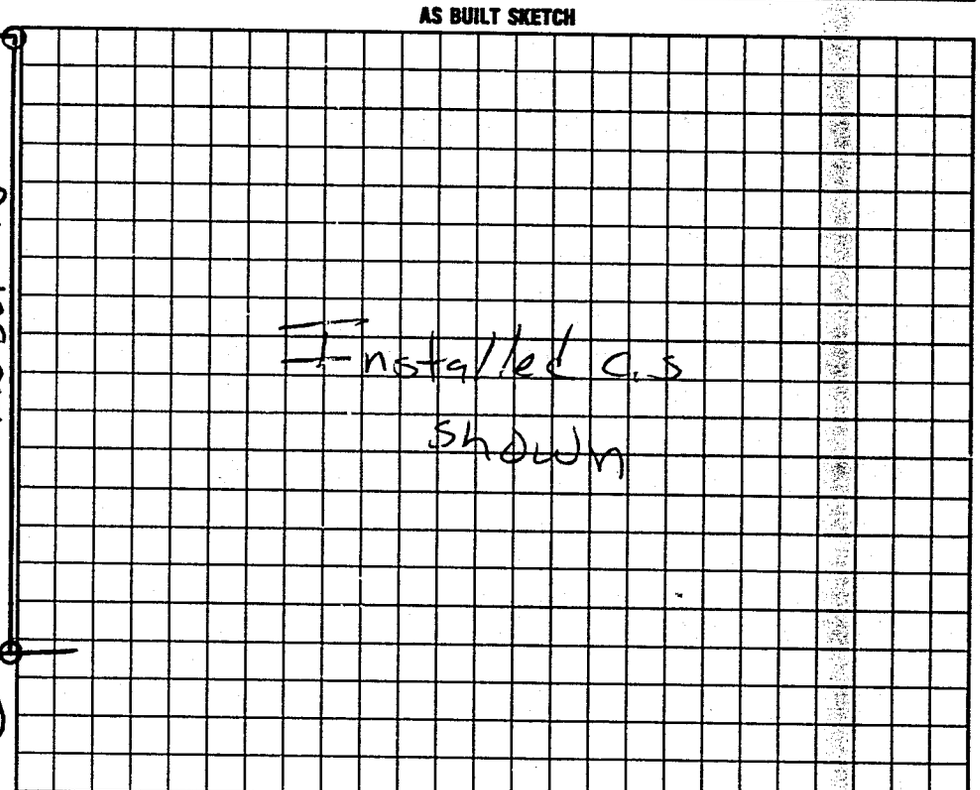
Comments: USE ONE FLOW DIVIDER TEE TO ACHIEVE EQUAL DISTRIBUTION INTO EACH OF TWO D. BOXES FEEDING THREE LINES EACH ② SCOUR TRENCH SIDEWALLS WHERE SMEARING OCCURS.

Comments:

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. AUTHORIZATION TO CONSTRUCT IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE.

Signed: Marshall L. Godfrey

Improvement Permit by: STEVE HEDRICK date 10-31-97

AUTH. TO CONST.

~~Existing System Inspection~~ by: STEVE HEDRICK date 10-31-97

Installed by: James Hudler

~~Certificate of Completion by:~~ _____ date _____

Operation Permit by: Mark C.O.J. IRS date 2-11-98

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