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. Repair DATE 11-14-94 TAX MAP NO. _____ Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Junior Goodin PHONE: Business _____ Home _____

ADDRESS 431 Cooper Fm Rd

LOCATION 21N TL Shoemaker TL Nixon TL Cooper Fm Rd 1/2mi on Rt

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: EX Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 540 Linear Feet 180

No Lines 2 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☐ New System ☑ Repair System Type: I (II) III, IV, V, VI

System Description: _____

Repair System Description: Conv. Gravity

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

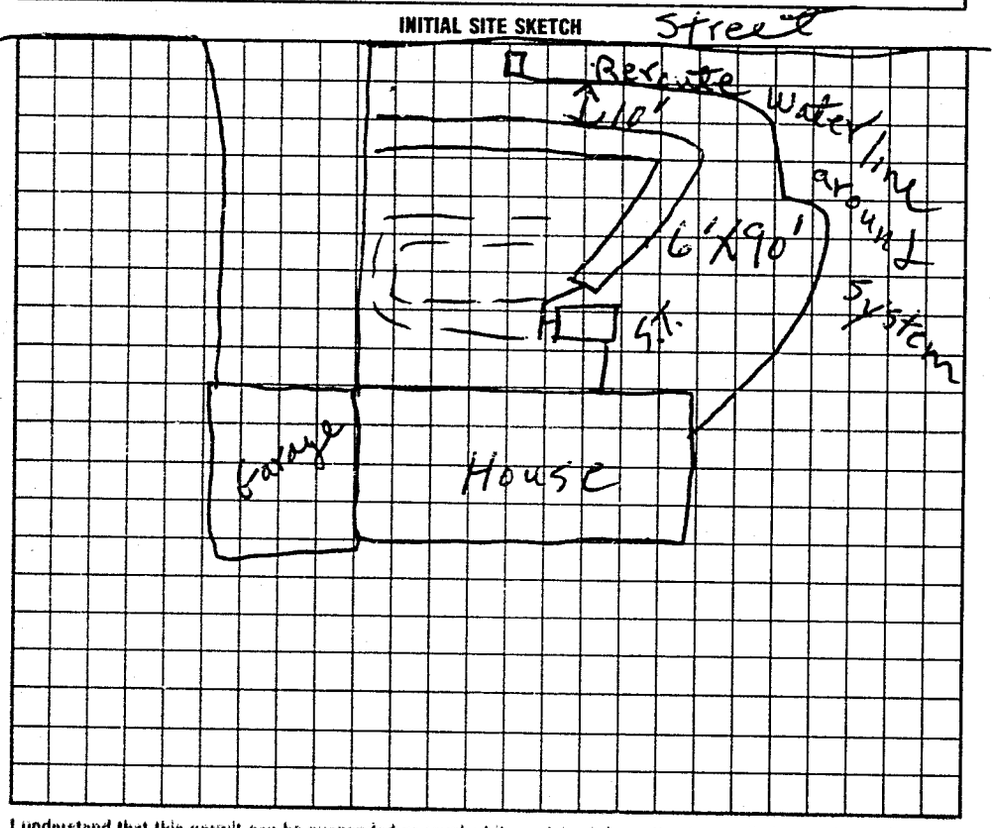
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Community
☑ Public

Comments: let EX Lines work First Then Feet New lines.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial 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 Junior Goodin

Improvement Permit by: L. C. Moore date 11-14-94

Existing System Inspection by: _____ date _____

Installed by: Harry Reep

Certificate of Completion by: L. C. Moore date 12-29-94

Operation Permit by: _____ date _____

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