IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 155.00 Pd MOORESVILLE 704-664-5281

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

PERMIT# 103136 PIN# ~~4753 52 0076 000~~ 4753-51-4615 DATE Jan 21, 03

OWNER OR CONTRACTOR Dwight J Goforth II Pilot Builders PHONE: Business _____ Home _____

ADDRESS 181 Goforth Rd. Olin N.C.

LOCATION 70 East TR Third Creek Rd. TL Mornings Dew on Right

SUBDIVISION Third Creek BLOCK / SECTION 2 LOT 11 LOT AREA 23,104 ft² SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 02/03/03

Pump Tank: ~~1000~~ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 400/600 Linear Feet 200

No Lines 4@50' Trench Width 24" min 36" oc Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: ~~PPBPS~~ PPBPS GRAVITY

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☐ Yes ☑ ~~No~~ Initially

☑ ~~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 ☐ Public ☐ Community

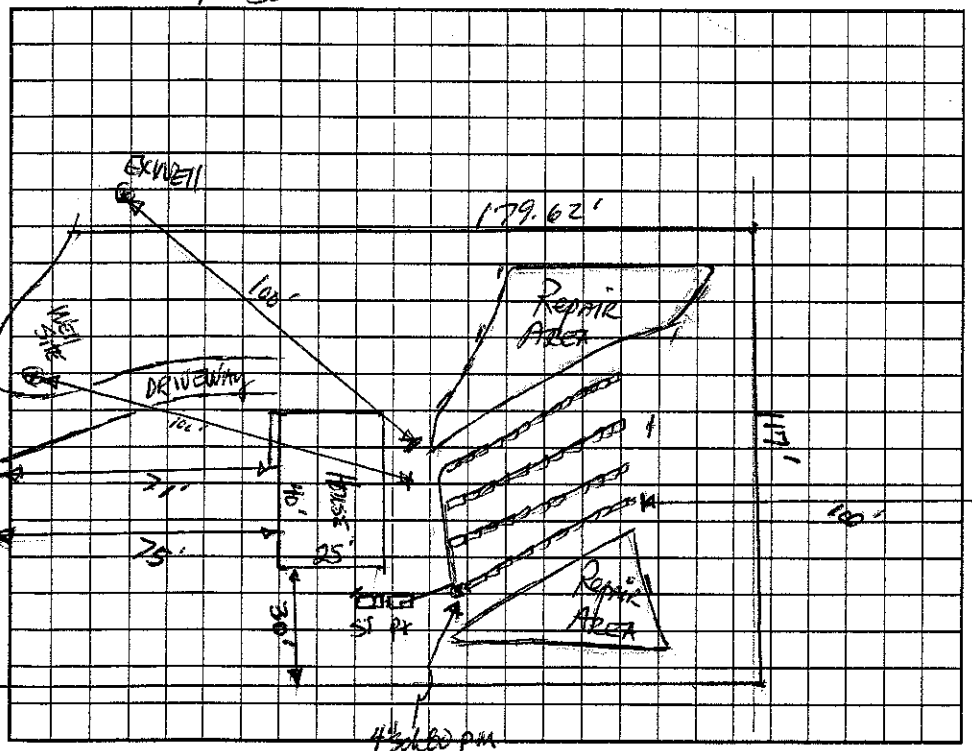
Comments:/Conditions: OR 36" min 40c

Comments:/Conditions:

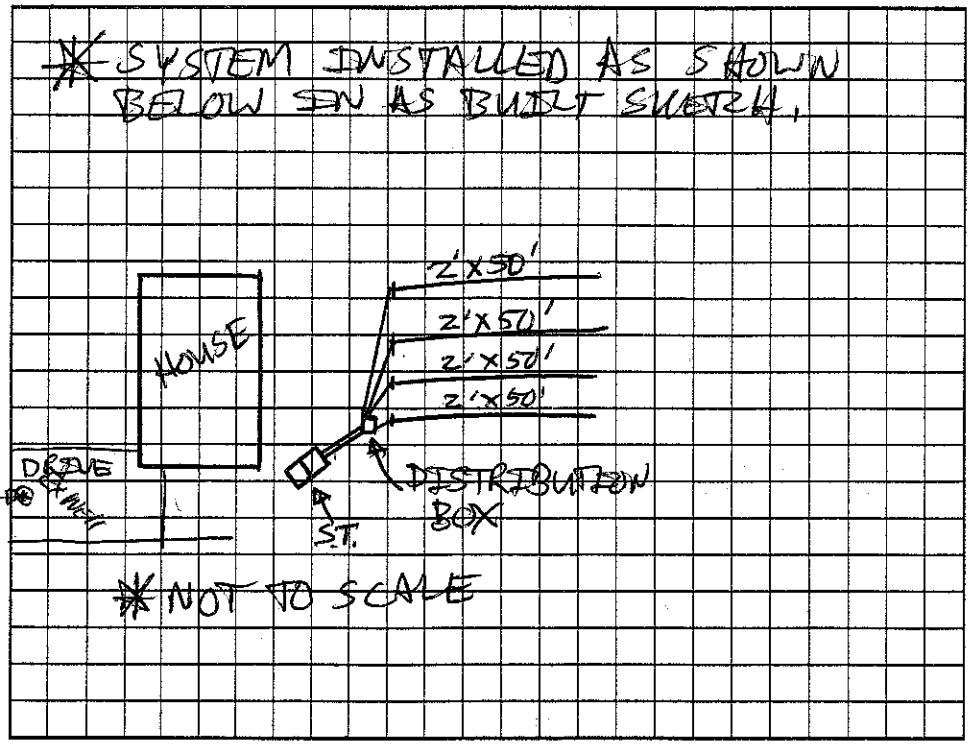
-SEPTIC TANK INSTALLED USING POLY-LOK-FILTER

*SYSTEM INSTALLED DURING MOIST SOIL CONDITIONS.

1"=50' INITIAL SITE SKETCH



AS BUILT 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 2-6-03 Installed by: ROWAN SEPTIC 03/31/03 / 04/01/03

Improvement Permit by: _____, RS date Jan 21, 03 Operation Permit by: Patrick Mitchell date 04/01/03

Authorization to Construct by: _____, RS date Jan 21, 03 Existing System Inspection by: _____ date _____

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