IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 C. I

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

PERMIT# 102941 PIN# 4785-84-5449 DATE 10-22-01

OWNER OR CONTRACTOR JOHN GODBEY PHONE: Business _____ Home 704-921-9251

ADDRESS 122 OSTRICH LANE, CLEVELAND, NC 27013

LOCATION HWY 64 E, @ BARNYARD, @ OSTRICH, 2ND LOT ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ DESIGN FLOW 240 L.T.A.R. _____

EXISTING

Septic Tank: _____ Gallons: STB _____ Date _____
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet _____ Linear Feet 240'
No Lines 3X80' Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I. II. III. IV. V. VI
System Description: 6 BDRM CONV
Repair System Description: PANEL
Maintenance Agreement Required: ☐ Yes X No
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

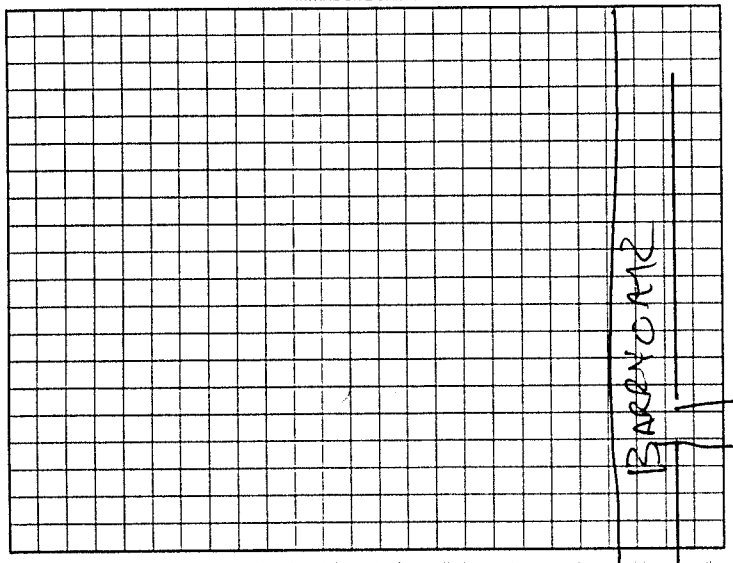
☐ House/Mod. Home No. Bedrooms 3
X Mobile Home No. Bathrooms 1
☐ Business No. Employees ___
☐ Other _____

Water Supply:
X Individual
☐ Public
☐ Community
SHARED WELL

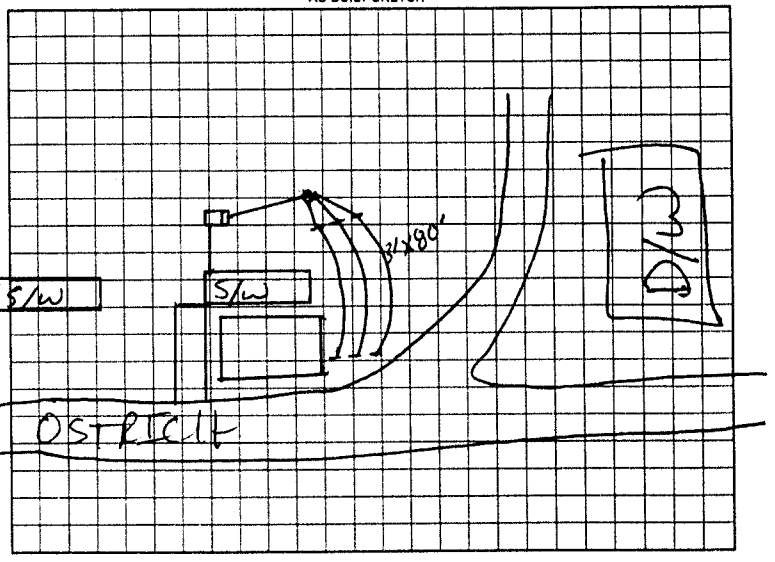
Comments/Conditions: ① LINES TO DEEP TO PROBE ② VISUALLY SAW 3 LINES - 80' ③ MAINTAIN SETBACKS

Comments/Conditions

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: John J Godbey date 10-23-01 Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date 10-22-01

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