IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 076828 PIN# 4789 89 6723 (PART) DATE 10-14-98

OWNER OR CONTRACTOR THERESA GOODE PHONE: Business ____ Home c/o 539-5539

ADDRESS 1000 UNION GROVE ROAD, UNION GROVE ROAD, NC 28689

LOCATION 4521 N, TR NC901, TL DYSON ROAD 1ST DRIVE, ON RIGHT

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA 2.00 ACRES SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.33 SQ FT/GPD

Septic Tank: 1000 Gallons; STB 1012 Date 2-10-99
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines FOUR 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: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

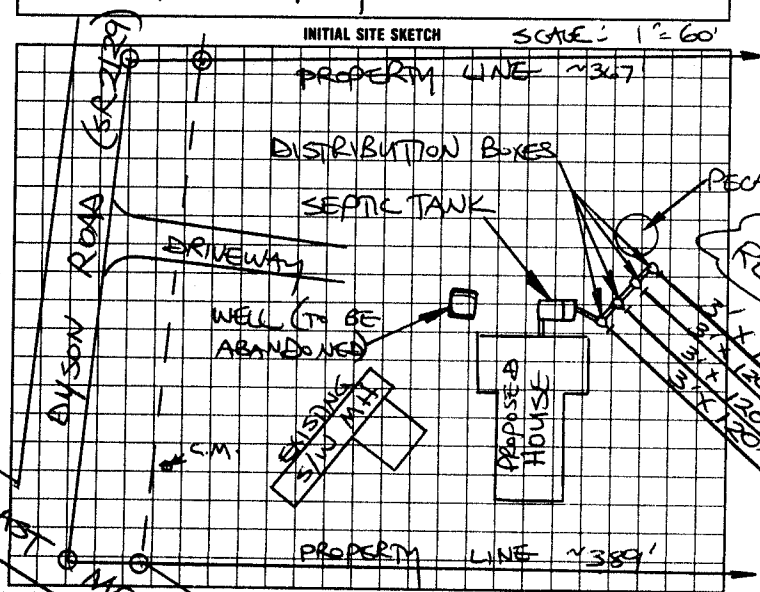
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

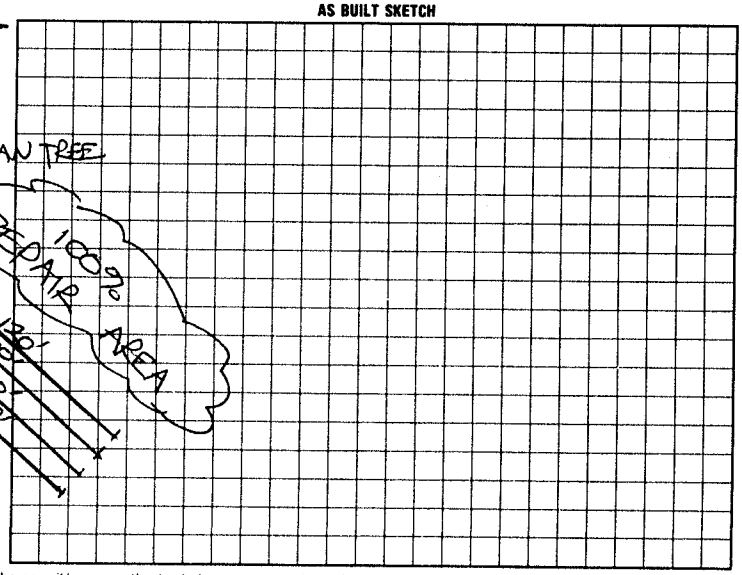
Comments:/Conditions: (1) ABANDON WELL ACCORDING TO DWQ SPECIFICATIONS (2) EXISTING S/W MH TO BE REMOVED UPON OCCUPANCY OF HOUSE

Comments:/Conditions: 9-12 System checked waiting on well abandonment. (REC. 5-13-99

INITIAL SITE SKETCH SCALE: 1"=60'



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 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: Sandy Campbell date 10-14-98 Installed by: Tommy Frye

Improvement Permit by: STEVE HEDRICK date 10-14-98 Operation Permit by: Mary C Orf RS date 5-14-99

Authorization to Construct by: STEVE HEDRICK date 10-14-98 Existing System Inspection by: ____ date ____

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