IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 105976 PIN# 4810-70-5479 DATE 4/19/02

OWNER OR CONTRACTOR Amos Dale Goodin PHONE. Business — Home (704) 876-6823

ADDRESS 801 Bowles Farm Road

LOCATION 115N, (L) Bowles Farm Rd, 1st white frame house on (R) turn Right all the way to end.

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 2.25 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. Ex

Septic Tank: Existing 1,000 Gallons: STB ______ Date ______

Pump Tank: ______ Gallons: PT ______ Date ______

Pump Make: Existing ______ Model ______ Serial No ______

Nitrification Field: No Fields 1 Square Feet 750 Linear Feet 250

No Lines 2 @ 125 Trench Width 3 ft Max Trench Bottom Depth ______ Gravel Depth 10"

☐ New System ~~X☐ Repair~~ Existing System Type: I (II) III IV V VI

~~System Description~~: Gravity Conventional

Repair System Description: ______

Maintenance Agreement Required: ☐ Yes ☒ No

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

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other ______

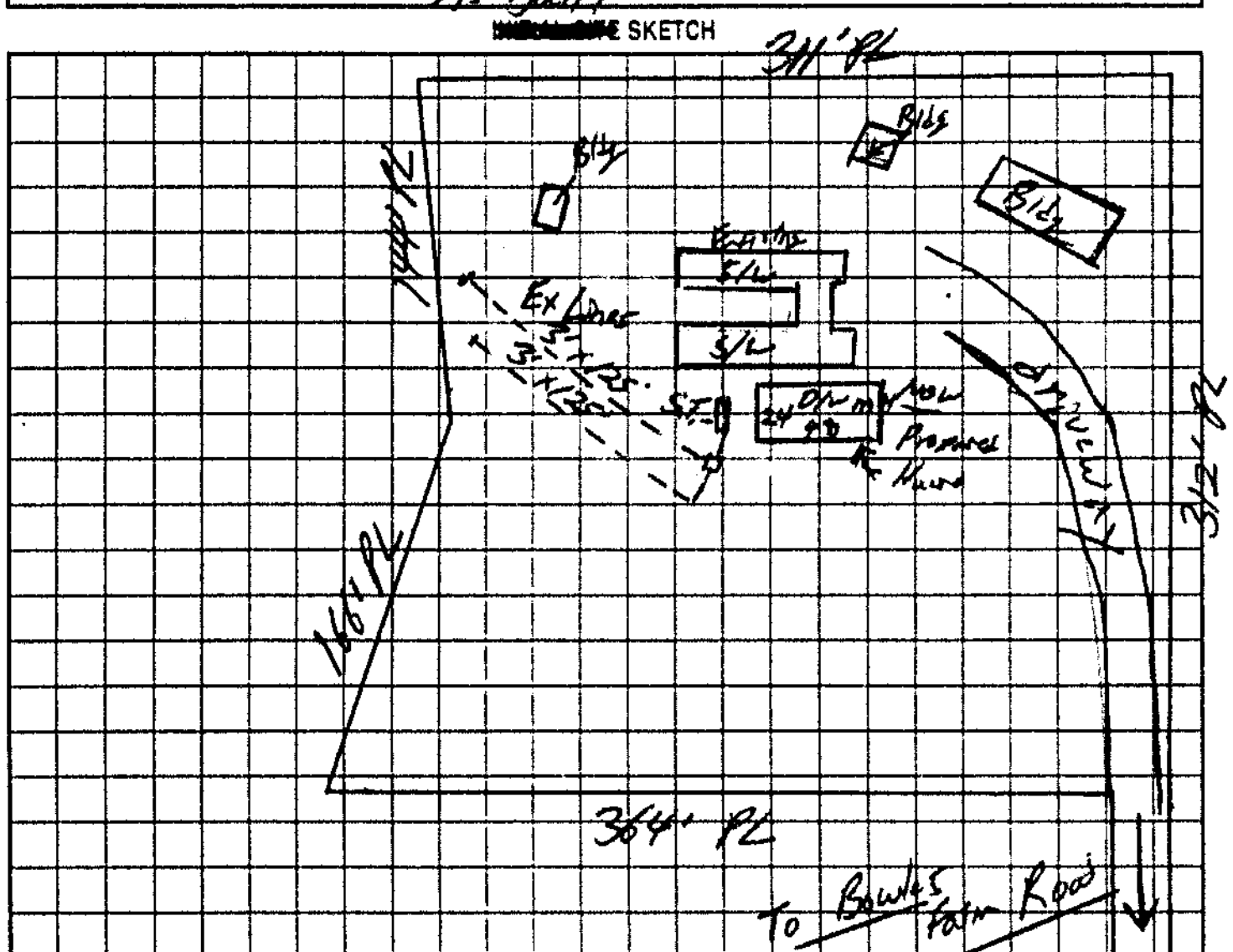
No. Bedrooms 3 No. Bathrooms 2 No. Employees ______

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments /Conditions: Septic System working properly @ time of inspection — Keep new House minimum of Five (5) feet from septic tank. ~~Remove~~ disconnect old House from System. Original Permitted System 8/1/80 — Ale Goodin

As Built 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: X Dale Goodin date 4-19-02 installed by ______

Improvement Permit by: ______ date ______ Operation Permit by ______ date ______

Authorization to Construct by: ______ date ______ Existing System Inspection by: William B. John date 4/19/02

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