IREDELL COUNTY HEALTH DEPARTMENT

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

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

OW

PERMIT # 157715 PIN # 4822958738 DATE 9-2-09

OWNER or APPLICANT Steven + Theresa Goodwin PHONE: Business Home: 704 657 8005

OWNER or APPLICANT ADDRESS 162 Emmanuel Rd.

LOCATION / DIRECTIONS 115N, (R) on New Prospect, (L) on Aycock, 1st on L

SUBDIVISION n/a BLOCK / SECTION n/a LOT # n/a LOT AREA 7.8 DESIGN FLOW 240 L.T.A.R.

Septic Tank Ex. Gallons: STB Date

Pump Tank Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields Ex No Lines 1 Linear Feet

Trench Width Ex. Max. Trench Bottom Depth Ex. Gravel Depth Ex.

☐ New System ☐ Repair ☐ Expansion System Type I (II) III IV V VI

System Description: Gravel Bed

Repair System Description:

Maintenance Agreement Required ☐ YES ☐ NO

☐ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 2

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☒ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

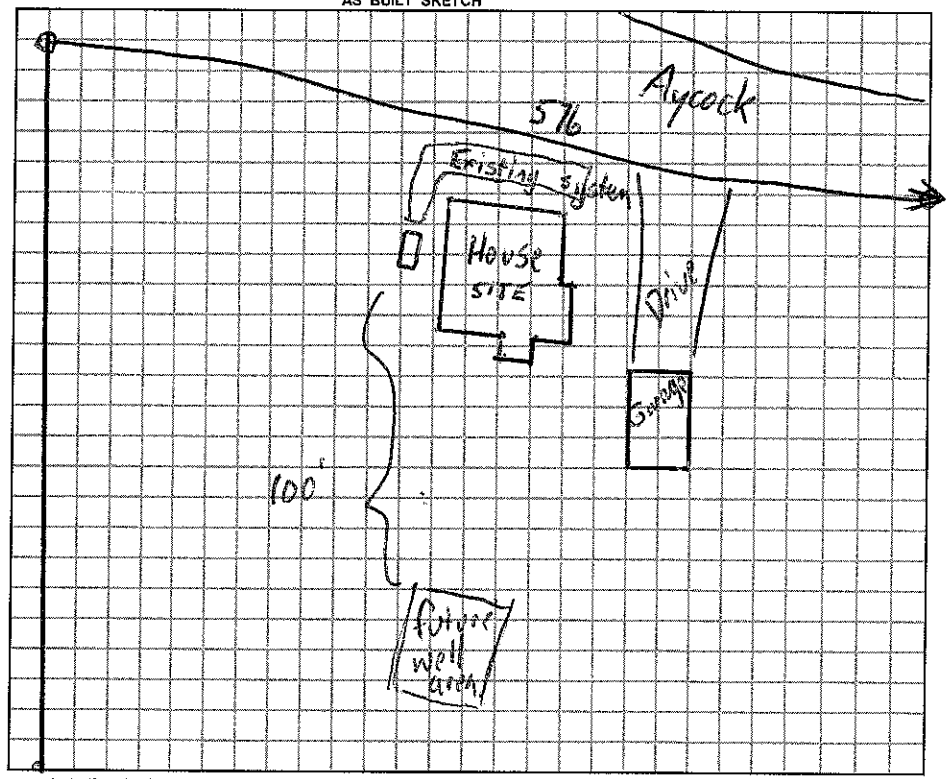
Comments / Conditions

sep well permit

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 w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: Betty L McDaniel Date 9-8-09

Improvement Permit by: Date

Authorzation to Construct by: Date

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by:

Operation Permit by: Date:

Existing System Inspected by: James Date: 9-2-09

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant