IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 083886 PIN# 4860 39 8531 DATE 11-9-99

OWNER OR CONTRACTOR TERRE WALTON GOODMAN PHONE: Business _____ Home _____

ADDRESS 18 WOOD STREET STATESVILLE, NC 28677

LOCATION US 21 N, TL TABOR ROAD, TL CANFIELD ROAD, TL PRESCOTT DRIVE, 2ND LOT ON LEFT

SUBDIVISION HEATHSTEAD BLOCK / SECTION _____ LOT 32 LOT AREA 0.82 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 9-6-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 60 TO 200 Linear Feet 300
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 28"

✓ New System Repair System Type: I II (III) IV V VI
System Description: 25% REDUCTION GRAVITY
Repair System Description: LOW PRESSURE PIPE
Maintenance Agreement Required: Yes ✓ No
Gravel Depth N/A Slab ✓ Crawl Space Basement w/plumbing Basement wo/plumbing

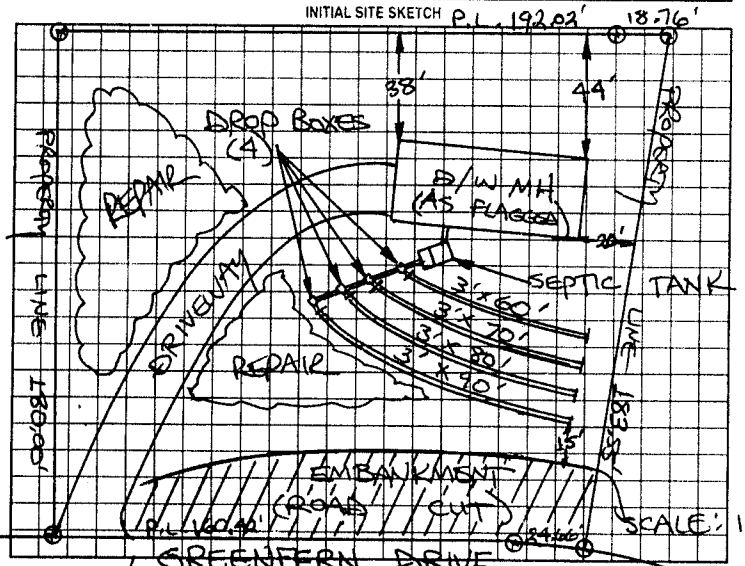
House/Mod. Home No. Bedrooms 3
✓ Mobile Home No. Bathrooms 2
Business No. Employees _____
Other _____

Water Supply:
☐ Individual
✓ Public
☐ Community

Comments/Conditions: INSTALL 25% REDUCTION SYSTEM USING THIRTY (30) HDS SECTIONS IN 2012 HORIZONTAL CONFIGURATION

Comments/Conditions: SYSTEM INSTALLED USING FIFTY (50) CHAMBERS WITH HEALTH DEPT. APPROVAL. (2) SEPTIC TANK WITH RISERS INSTALLED USING "POLYLOK" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE 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: Terre Walton Goodman date 11-12-99 Installed by: KENNY MADISON

Improvement Permit by: STEVE HEDRICK date 11-9-99 Operation Permit by: STEVE HEDRICK date 11-29-99

Authorization to Construct by: STEVE HEDRICK date 11-9-99 Existing System Inspection by: _____ date _____

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