IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 079225 PIN# 4863 61 2572 DATE 3-25-99

OWNER OR CONTRACTOR STAR GOBLE PHONE: Business _____ Home 873-8962

ADDRESS 959 MOCKSVILLE Hwy, STATESVILLE, NC 28625

LOCATION I-77 N, TR NC 901, TL EAGLE MILLS RD, TL NATURE'S WAY, 1ST LOT ON RIGHT

SUBDIVISION CHESHIRE RIDGE BLOCK / SECTION III LOT 1 LOT AREA 1.85 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB _____ Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

✓ New System ☐ Repair System Type ~~LPP~~
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ✓ No

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

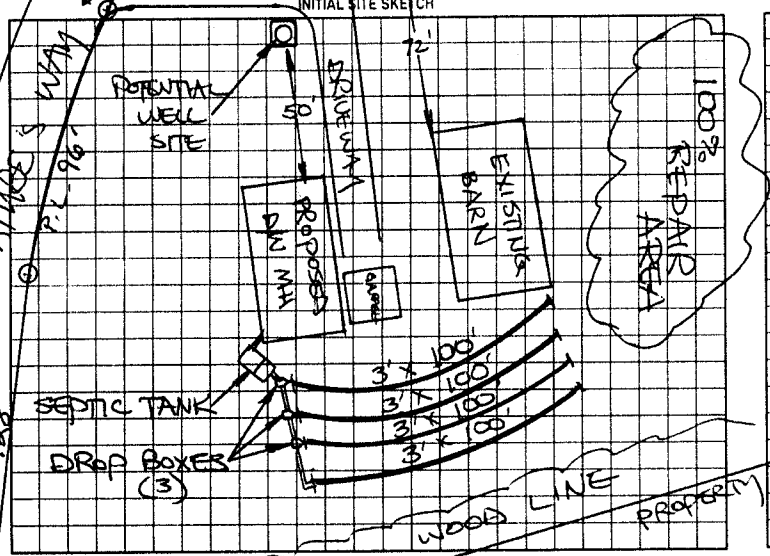
☐ Slab ✓ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ✓ Individual ☐ Public ☐ Community WELL

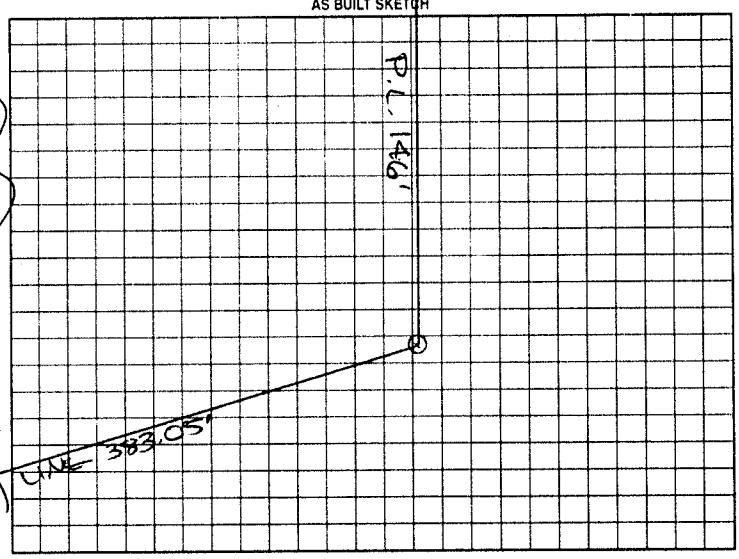
Comments/Conditions: KEEP SYSTEM MINIMUM 100' FROM WELL

Comments/Conditions: PROPERTY LINE 355'

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: Noel S. Goble date 3-25-99 Installed by: A-1 Backhoe

Improvement Permit by: STEVE HEDRICK date 3-25-99 Operation Permit by: Mat Cout date 4-21-99

Authorization to Construct by: STEVE HEDRICK date 3-25-99 Existing System Inspection by: _____ date _____

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