Hall app. 7/15/08.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13562 PIN# 3774948681 DATE 7-15-08

OWNER OR APPLICANT Darryl Brown PHONE: Business _____ Home 704-929-9704

ADDRESS 173 West Ireedell Ct. Statesville NC 28625

LOCATION I-40W @ Sharon School RD (L) Stewart Rock RD (L) Fulbright RD (R) Gardner PT 1st on Left Pebble Dale

SUBDIVISION Riverwalk BLOCK / SECTION VIII LOT 7 LOT AREA 5.18 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 3

Septic Tank: 1000 Gallons; STB 1000-1000 Date 8-7-08

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 1200 Linear Feet 300

No Lines 3 Trench Width _____ Max Trench Bottom Depth 20" Gravel Depth NK

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% Gravity

Repair System Description: 25% Gravity

Maintenance Agreement Required: ☐ Yes ☐ No

☑ Gravity ☐ Pressure

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

☐ Other _____

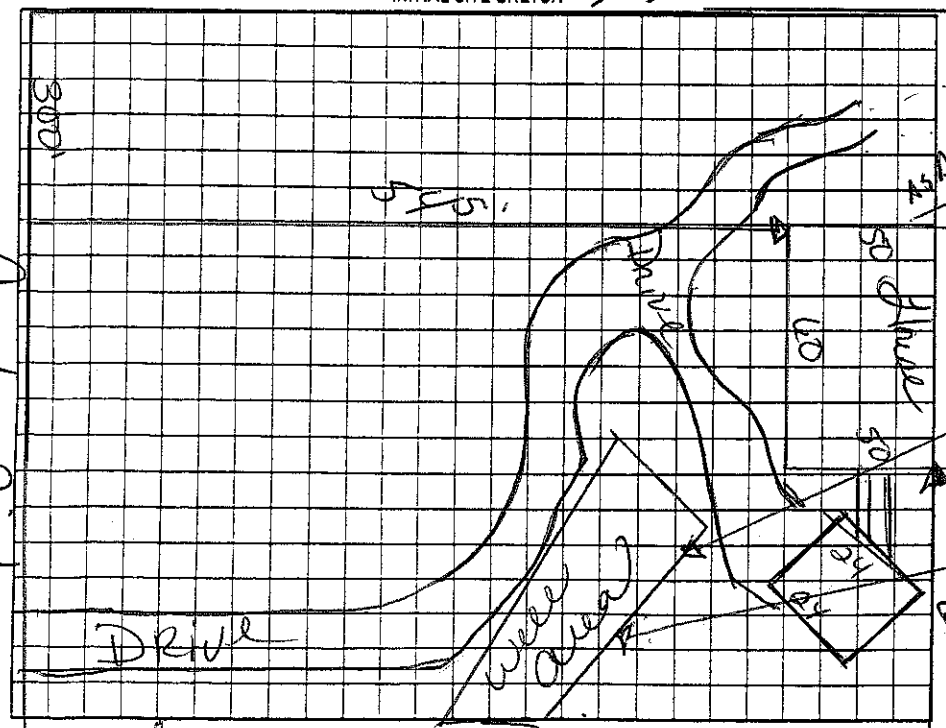
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

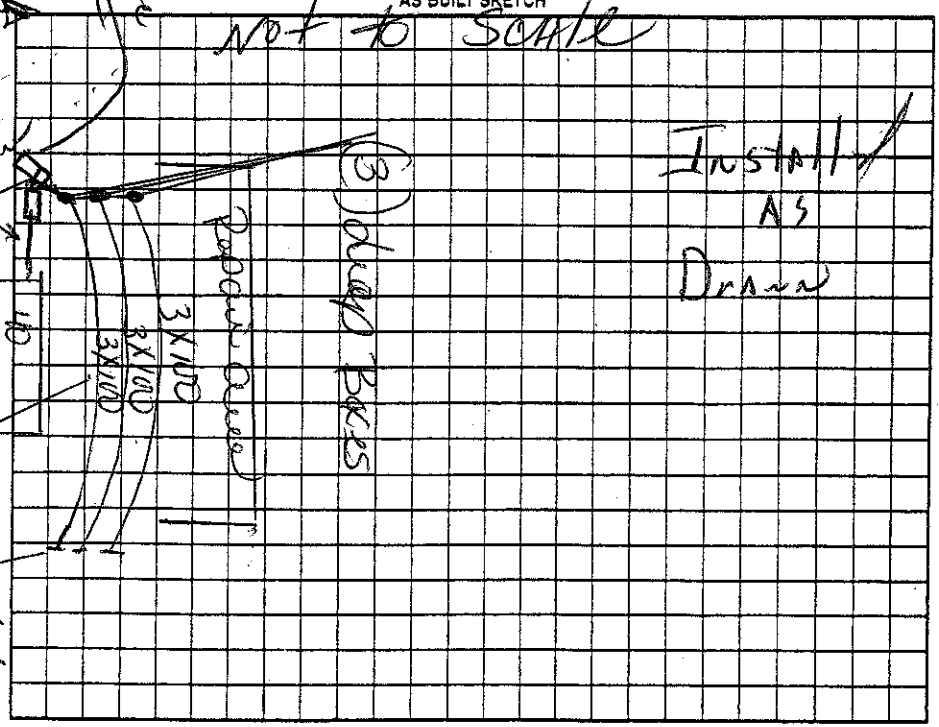
Comments/Conditions: Maintain all setbacks Install on Contour

Comments/Conditions: 30" Trench

INITIAL SITE SKETCH 717



AS BUILT SKETCH Not to Scale



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: _____ date 7-15-08 Installed by: David Wentz

Improvement Permit by: Keith Cook date 7-15-08 Operation Permit by: _____, R.S. date 23 Jan. 09

Authorization to Construct by: Keith Cook date 7-15-08 Existing System Inspection by: _____ date _____

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