IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111 799 PIN# 3784-36-0129 DATE 3/18/03

OWNER OR CONTRACTOR Jeff Waggoner PHONE: Business – Home (704) 880-5225

ADDRESS 324 Sharon School Rd Statesville, NC, 28677

LOCATION I-40W, @ Sharon School Rd, @ Gun Club Rd, on left (~½ mile)

SUBDIVISION – BLOCK / SECTION – LOT – LOT AREA 2.25 Acres SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. .30

Septic Tank: 4000 Gallons; STB 1012 Date 8-12-02

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 267

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity, Conventional

Repair System Description: Gravity, 25% red.

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 2

☒ Mobile Home No. Bathrooms 1

☐ Business No. Employees _____

☐ Other _____

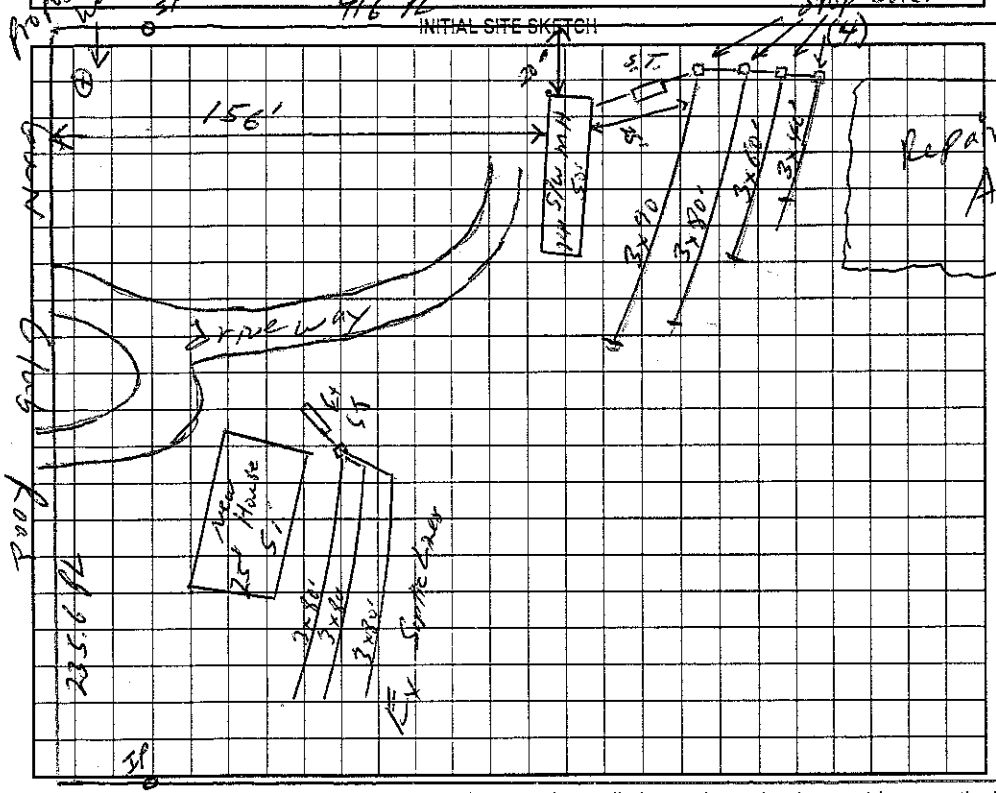
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: ① Install lines on contours ② maintain current setbacks ③ S/W MH must be min 30 FT behind house being built.

Comments/Conditions: Installed poly lok filter & S.T. marker

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: _____ date 3/18/03 Installed by: A-1 Backhoe

Improvement Permit by: William O. Johnson date 3/18/03 Operation Permit by: William O. Johnson date 3/27/03

Authorization to Construct by: William O. Johnson date 3/18/03 Existing System Inspection by: _____ date _____

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