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# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 140460 PIN# 3785-68-6453 DATE 20 February 07

OWNER OR APPLICANT Jodie Rhyne PHONE: Business 704-872-3649 Home 704-929-8332

ADDRESS 153 Windberry Ln. Statesville, NC.

LOCATION 424 Prassly Farm Rd.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.98 Ac. SITE CLASS. PS DESIGN FLOW 360 g/d L.T.A.R. 0.3 g/ft²/d

Septic Tank: 1000 Gallons; STB Short 760 Date 10-9-06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NR

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

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

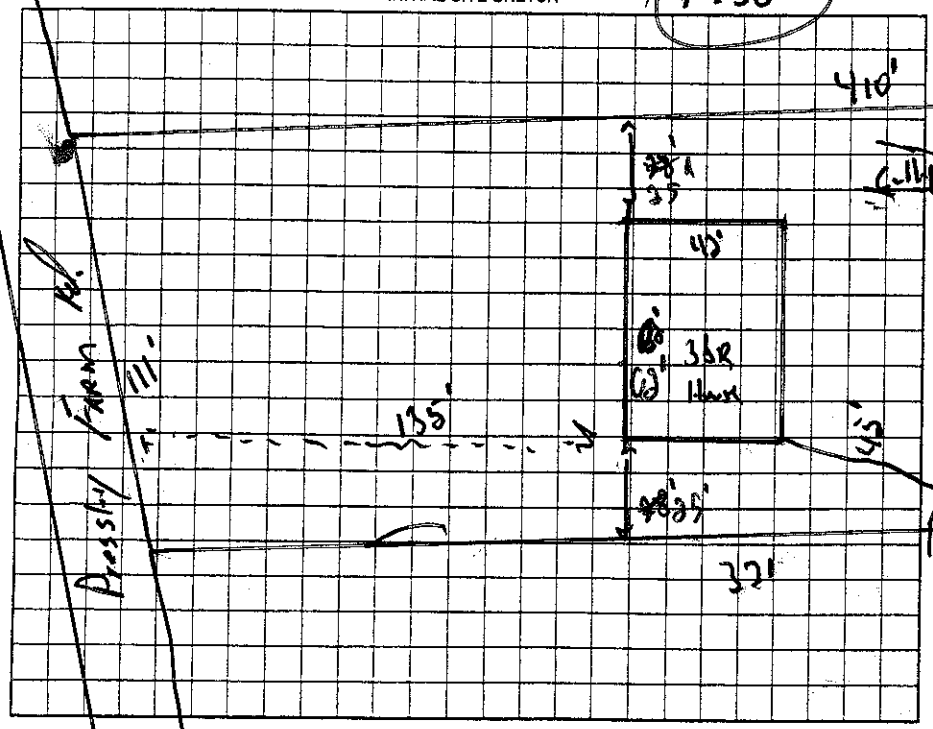
Water Supply: ☑ Individual ☐ Public ☐ Community

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

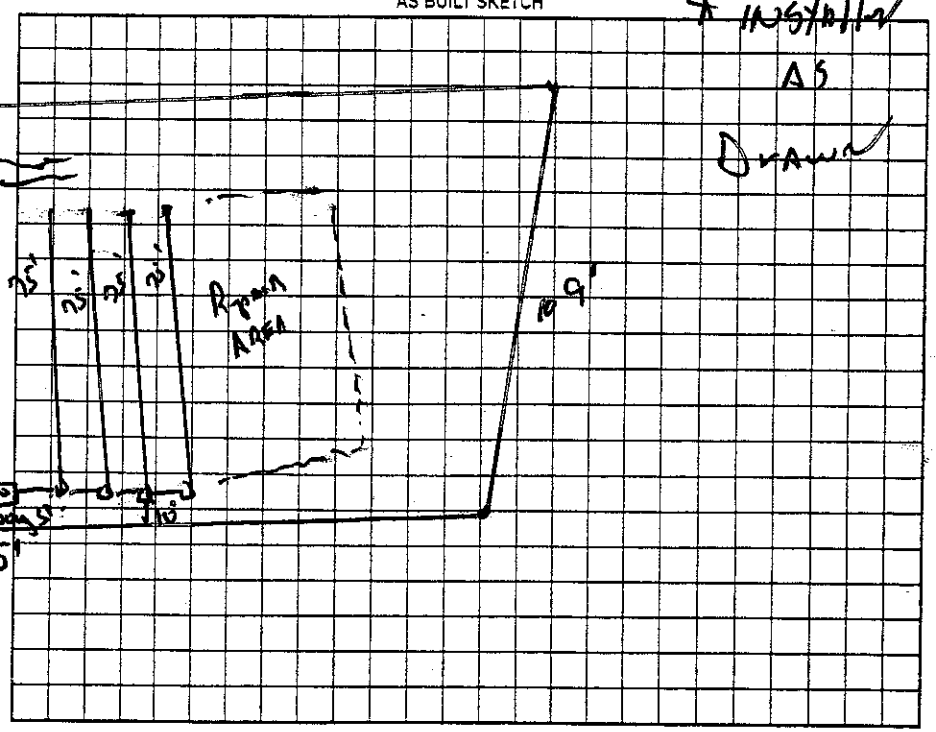
Comments:/Conditions:

Comments:/Conditions: Fill installed (red)

INITIAL SITE SKETCH 1"=50'




AS BUILT SKETCH * Installed As Drawn




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: Jodie Rhyne date 2/21/07 Installed by: Poor Boy's Landscaping • Backhoe Service

Improvement Permit by: _____, R.S. date 20 February 07 Operation Permit by: _____, R.S. date 27 March 07

Authorization to Construct by: _____, R.S. date 20 February 07 Existing System Inspection by: _____ date _____

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