IREDELL COUNTY HEALTH DEPARTMENT

(C1) Approved 6-18-08 AC per T.H.

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

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

PERMIT# 092330 12952 PIN# 3786-90-3014 DATE 7/17/03

OWNER OR CONTRACTOR Statesville Housing Center PHONE: Business (704) 924-9393 Home

ADDRESS 115 morehead Rd Statesville N.C. 28677

LOCATION I-40 W. @ 66 mm Rt. © Cain Rd © Straw Drive @ end of cul-de-Sac 360'

SUBDIVISION Cain Rd Est. BLOCK / SECTION 12 LOT 18 LOT AREA 1.785 Ac SITE CLASS. 05 DESIGN FLOW ~~440~~ L.T.A.R. .25 g.p.d./ft.²

Septic Tank: 1000 Gallons; STB 1007 Date 6-10-08

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No. 400

Nitrification Field: No Fields 1 Square Feet Equal to 1920 Linear Feet 480

No Lines 8 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

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

System Description: Gravity 25% Reduction

Repair System Description: Pump 50% Reduction

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

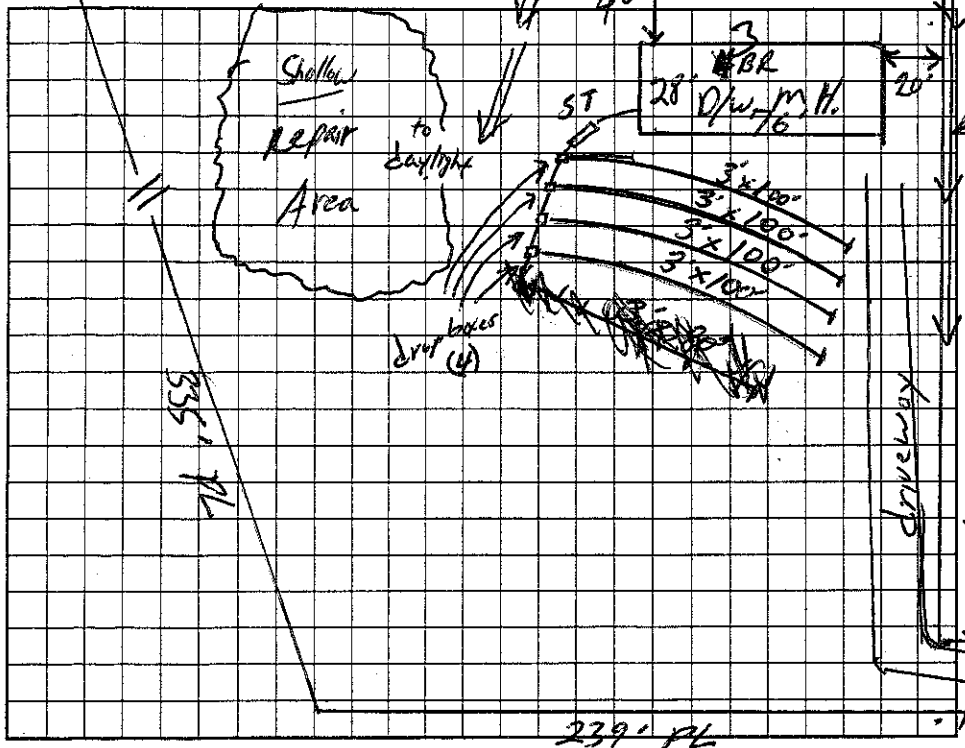
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

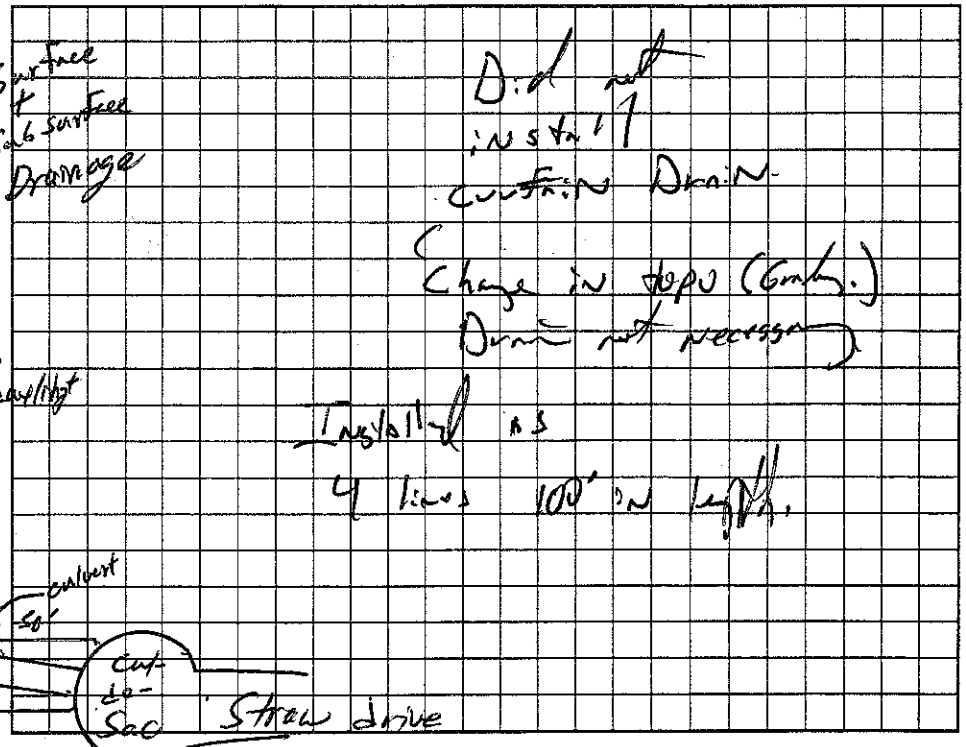
Comments:/Conditions: (1) Install Surface & Sub Surface drainage as shown 42" deep or 12" below deepest trench bottom to daylight. 4" pipe

Comments:/Conditions: ∆ Change to 3bd 14 March 08 TH

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: Ken Watts date 7/21/03 Installed by: Jerry Cothran

Improvement Permit by: William O. Johnson date 7/17/03 Operation Permit by: [signature] date [illegible] 12-May 08

Authorization to Construct by: William O. Johnson date 7/17/03 Existing System Inspection by: date

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