IREDELL COUNTY HEALTH DEPARTMENT STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 151987 PIN # 3742-37-7577 DATE 1-20-09

OWNER or APPLICANT Douglas Walden PHONE: Business ______ Home: 704-902-4874

OWNER or APPLICANT ADDRESS 138 Shawn school RD Statesville NC

LOCATION / DIRECTIONS I-40 west to Shawn school Exit TL onto [struck through] Shawn school RD on left 138

SUBDIVISION ______ BLOCK / SECTION 3 LOT # 14 LOT AREA 1.8 DESIGN FLOW 346 L.T.A.R. .35 Exist

Septic Tank 1000/exist Gallons: STB 1012/exist Date 4-4-94/exist
Pump Tank ______ Gallons: P T ______ Date ______
Pump Make ______ Model ______ Serial # ______
Nitrification Field No Fields ______ No Lines 3 Linear Feet 345
Trench Width 36" Max. Trench Bottom Depth 24" Gravel Depth 12"

☐ New System ☑ Repair ☐ Expansion System Type I (II) III IV V VI
System Description: Coventional Gravity
Repair System Description: 2530 Gravity .30
Maintenance Agreement Required ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

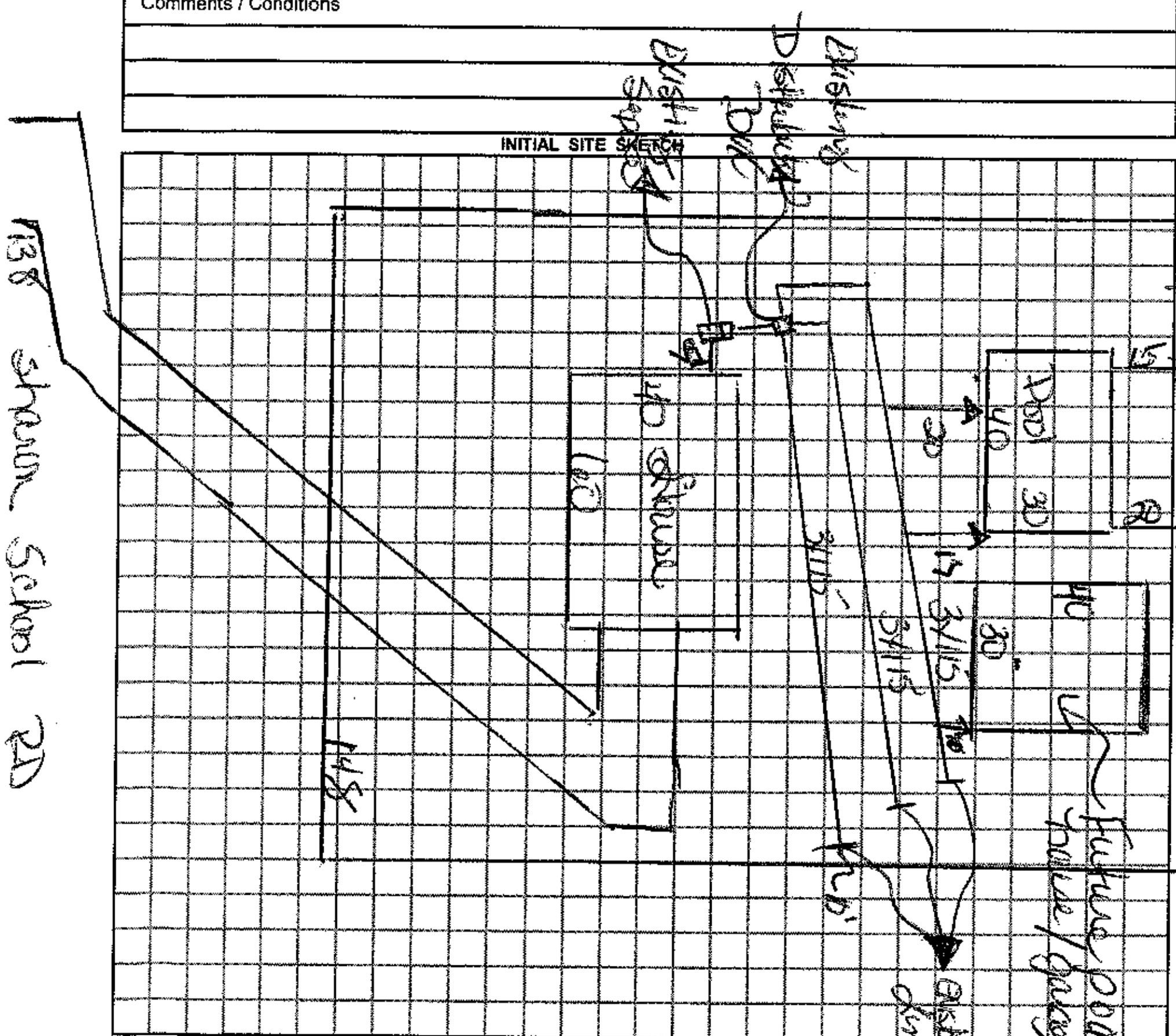
☑ Residence No. Bedrooms 3
☐ Business No. Persons ______
☐ Other No. Employees ______
☐ Slab ☐ Crawl Space
☑ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply
☐ Private
☑ Public
☐ Community

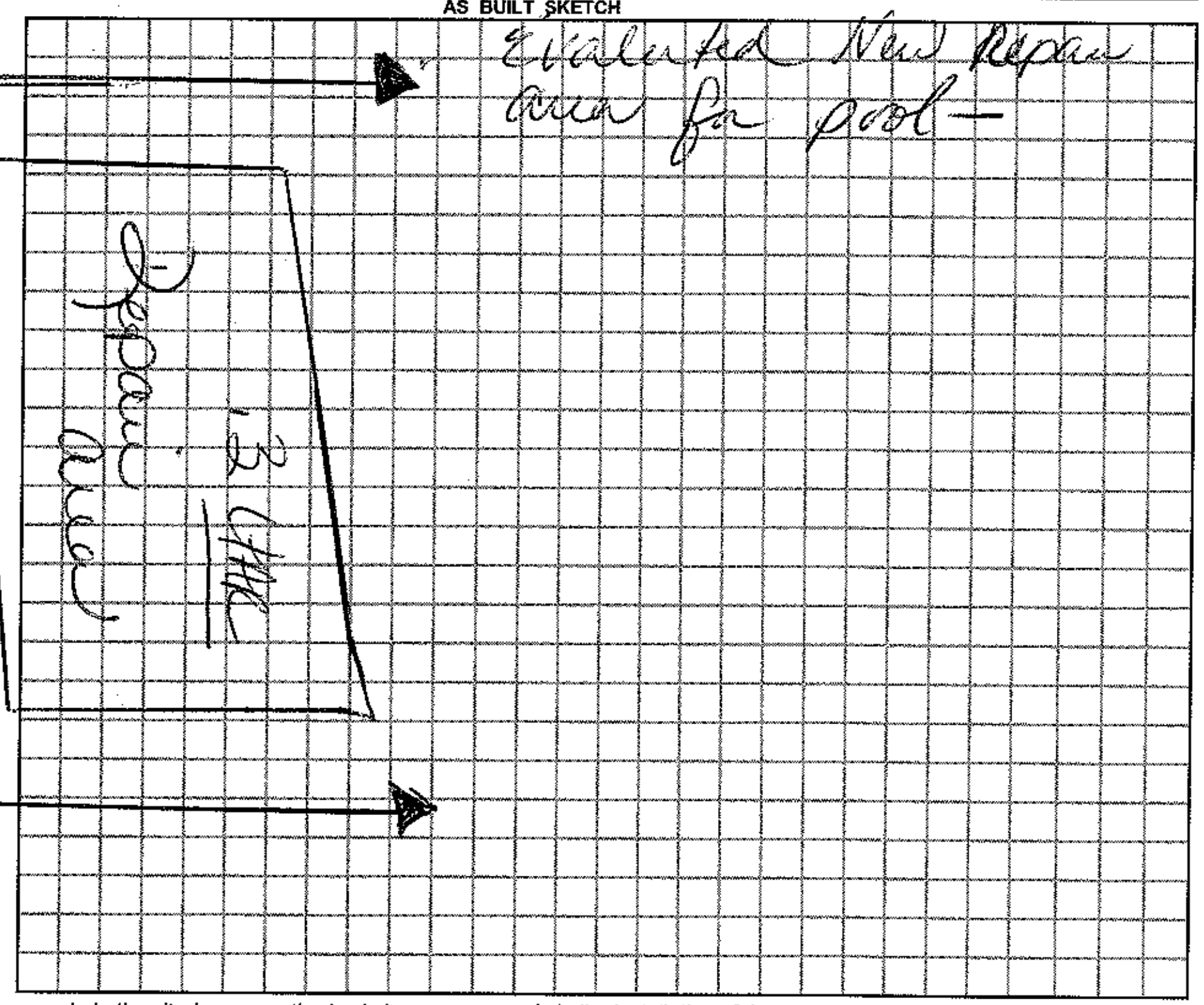
Comments / Conditions

Comments / Conditions
Ensure proper distance from septic initial and repair

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 w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☑ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mos.*

Owner / Applicant Signature: X [signature] Date ______

Installed by: HARRY Reece

Improvement Permit by: [signature] Date 1-20-09

Operation Permit by: Initial Signed by Mike Davis Date: 7-8-94

Authorization to Construct by: [signature] Date 1-20-09

Existing System Inspected by: ______ Date: 1-20-09

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant