IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 105309 PIN# 3793-20-6719 DATE 4/3/02

OWNER OR CONTRACTOR Reginald Swicegood PHONE: Business ____ Home (704) 878-9064

ADDRESS 176 Sharon Ridge Lane, Statesville, N.C. 28677

LOCATION I 40 W, (2) on Sharon School Road, (2) on Sharon Ridge Lane, Last House on Right

SUBDIVISION Sharon Ridge BLOCK / SECTION - LOT 12 LOT AREA 1.0 SITE CLASS 75 DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: Existing 1,000 Gallons: STB ____ Date ____

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 420 Linear Feet 140

No Lines 2@70' Trench Width 36" Max Trench Bottom Depth As Needed Gravel Depth 12"

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

System Description: Gravity Conventional

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

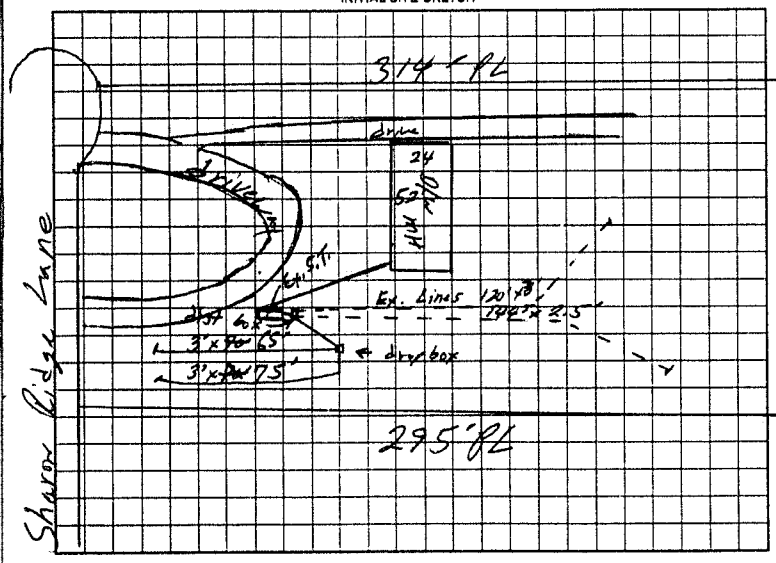
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

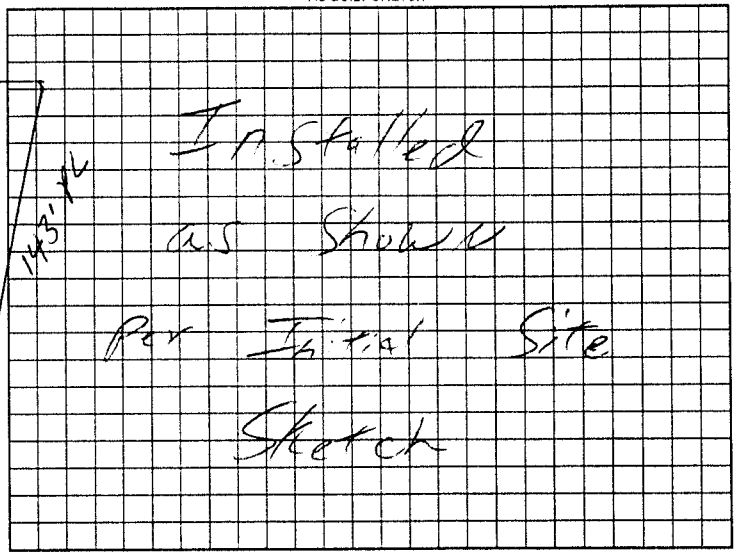
Comments/Conditions: (1) Keep Septic Tank and Septic Lines Minimum 5ft From House (2) Pump Existing Septic Tank before expiration (3) Add 140 Linear Feet (4) Remove Existing S/W M.H.

Comments/Conditions:

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: Sheila Hartness date 4/2/02 Installed by: Lee Herman's Septic Systems

Improvement Permit by: William O. Johnson date 4/3/02 Operation Permit by: William O. Johnson date 5/23/02

Authorization to Construct by: William O. Johnson date 4/3/02 Existing System Inspection by: ____ date ____

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