IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (A) MOORESVILLE 704-664-5281

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

PERMIT# 13882.9 PIN# 3793458036 DATE 14 November 06

OWNER OR APPLICANT Jonathan L. Boger PHONE: Business 704-902-5346 Home 704-528-6014

ADDRESS 504 Cedar St. Troutman, N.C. 28166

LOCATION 136 Top Flite Dr. Statesville, N.C. 28677 / I-40 to Sharon School Rd. TL - TL Mock Mill Rd. TR Top Flite Dr.

SUBDIVISION Augusta Green BLOCK / SECTION 2 LOT 13 LOT AREA 0.1853 Ac. SITE CLASS. PS DESIGN FLOW 360 g/d L.T.A.R. 0.3 g/ft²/day

Septic Tank: 1000 Gallons; STB 1012 Date 9-25-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 6 Trench Width 3' Max Trench Bottom Depth 30" Gravel Depth NA

☑ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 25% Reduction - Accepted
Repair System Description: Pressure dosed 25% Reduct.
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons 6 No. Employees ____

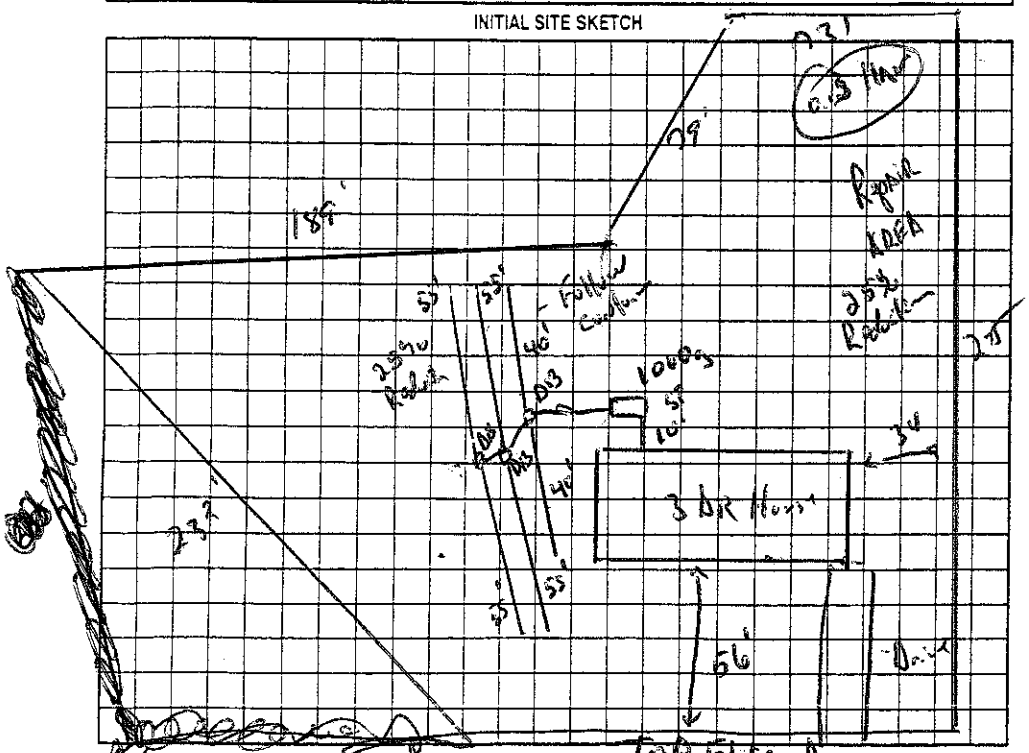
Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments:/Conditions: Follow contour / use 3 Drop-boxes

Comments:/Conditions: Yellow Septech Septech tank mark

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 15 Nov 06 Installed by: _____

Improvement Permit by: _____, R.S. date 15 Nov 06 Operation Permit by: _____ date 4-2-07

Authorization to Construct by: _____, R.S. date 15 Nov 06 Existing System Inspection by: _____ date _____

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