IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (21) MOORESVILLE 704-664-5281

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

PERMIT# 107793 PIN# 3495-93-0166 DATE 8-17-05

OWNER OR CONTRACTOR James Franklin PHONE: Business ______ Home 704-883-9522

ADDRESS ~~[illegible]~~ PO Box 5198 Statesville NC 28687

LOCATION I 40 W. (R) onto (R) Massey Deal Rd

SUBDIVISION ______ BLOCK / SECTION ______ LOT ______ LOT AREA A-1 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 9-26-05
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet ~~400~~ 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI 25% Reduction
System Description: Conv - Gravity
Repair System Description: Conv - Gravity
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ______
☐ Business No. Employees ______
☐ Other ______

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

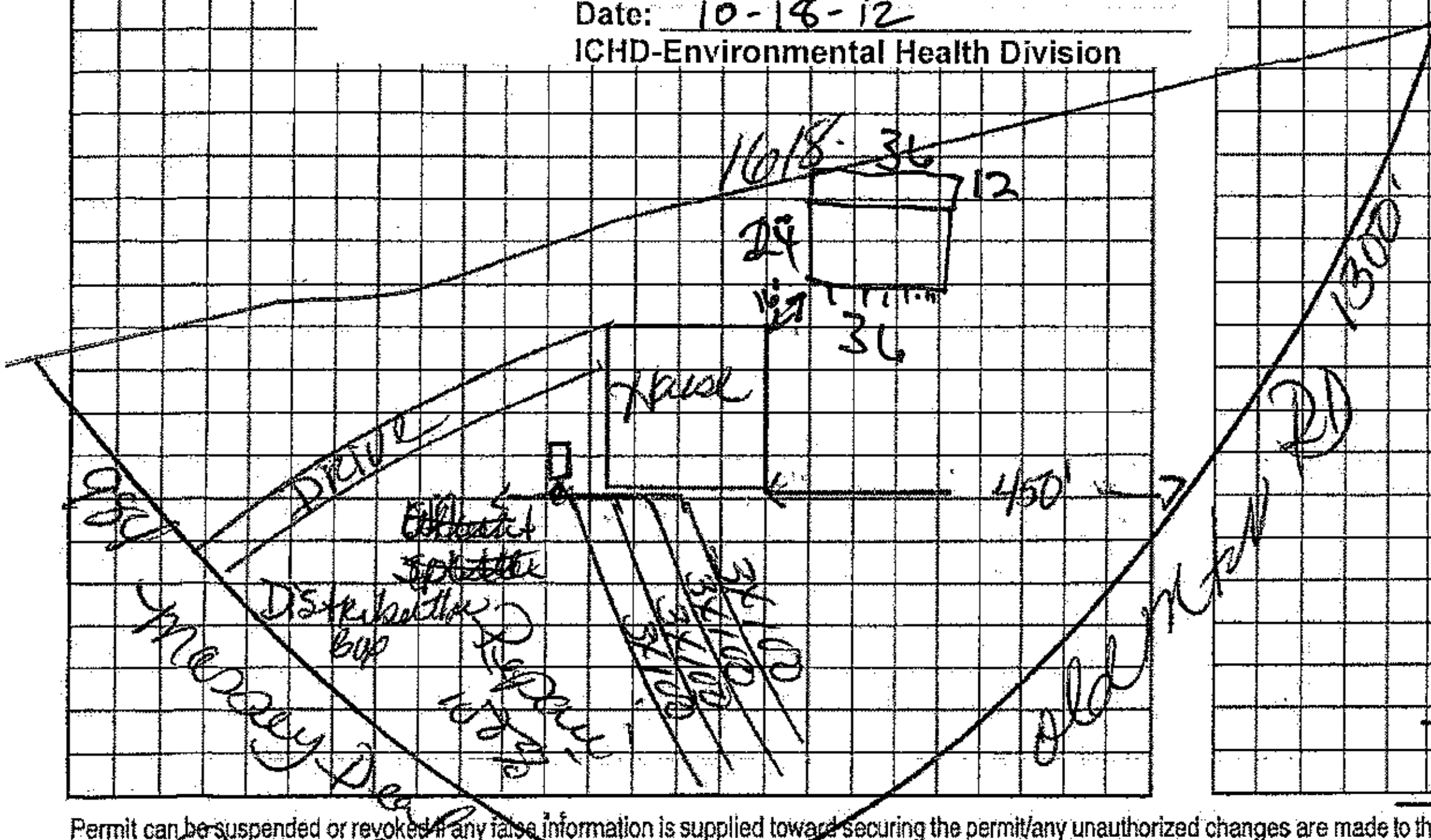
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: Install on Contour - Maintain Set Backs

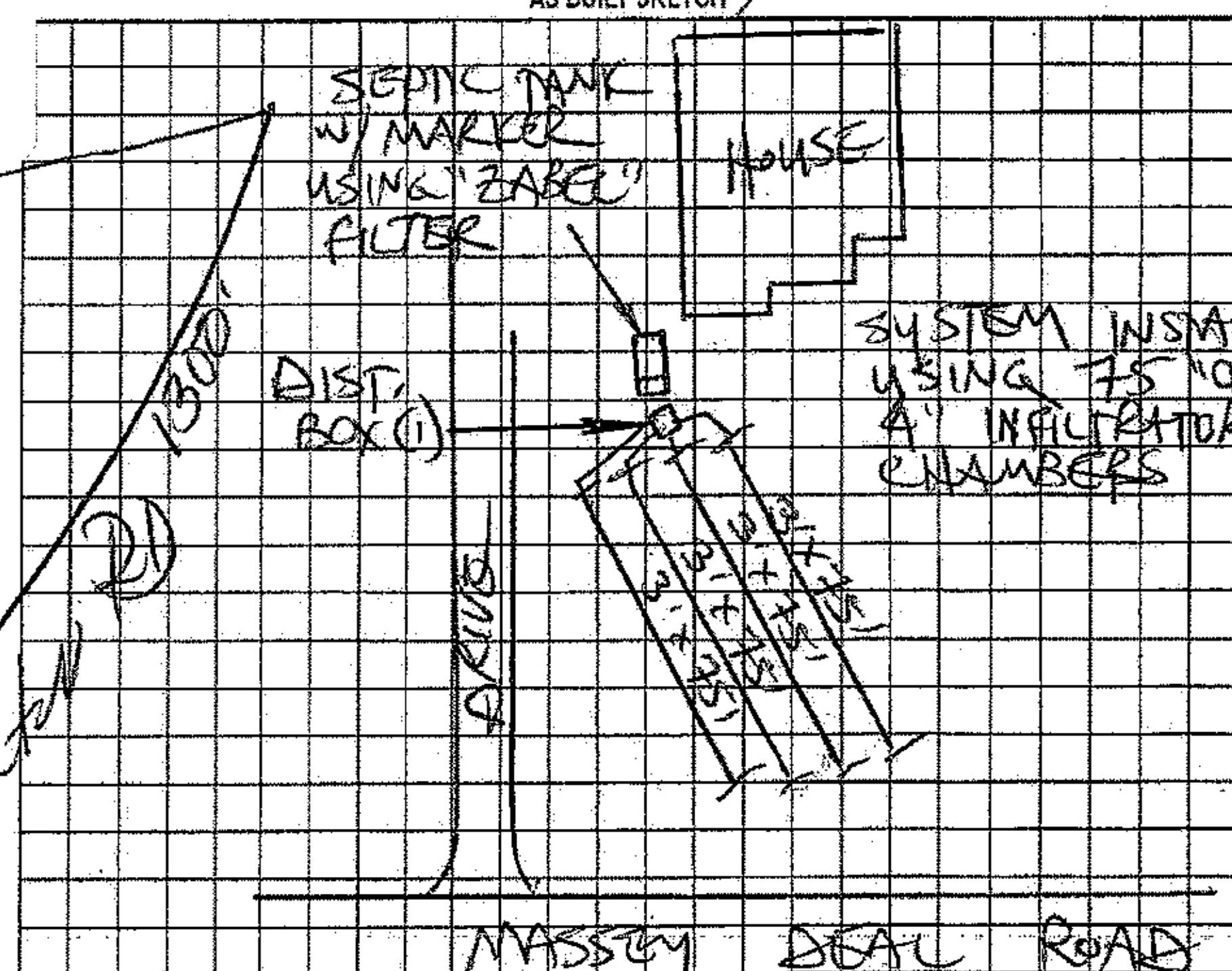
Location of the proposed DETACHED GARAGE addition does not appear to impact the existing on-site septic system.**NOTE:

R. STEVE HEDRICK REHS
Date: 10-18-12
ICHD-Environmental Health Division

Comments:/Conditions: Use ~~effluent splitter~~ (Zabel) DISTRIBUTION BOX
Accepted System may also be used



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: J M Franklin date ______ Installed by: Tommy Cochren

Improvement Permit by: [signature] date 8-17-05 Operation Permit by: Steve Hedrick date 12-2-05

Authorization to Construct by: [signature] date 8-17-05 Existing System Inspection by: ______ date ______

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