IREDELL COUNTY HEALTH DEPARTMENT (C1)

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

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

PERMIT# 114 253 PIN# 3796-00-4331 DATE 6/2/04

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

ADDRESS 115 Morehead Road Statesville N.C. 28677

LOCATION I-40W (R) Old Mtn Rd. Left Cain Rd, (L) Grain Drive, lot on right

SUBDIVISION Cain Road Est BLOCK / SECTION 3 LOT 26 LOT AREA .644 Ac. SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .30 gpd/Ft²

Septic Tank: 1,000 Gallons; STB 1000 Date 12-10-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: Gravity, Conventional
Repair System Description: Pump, 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

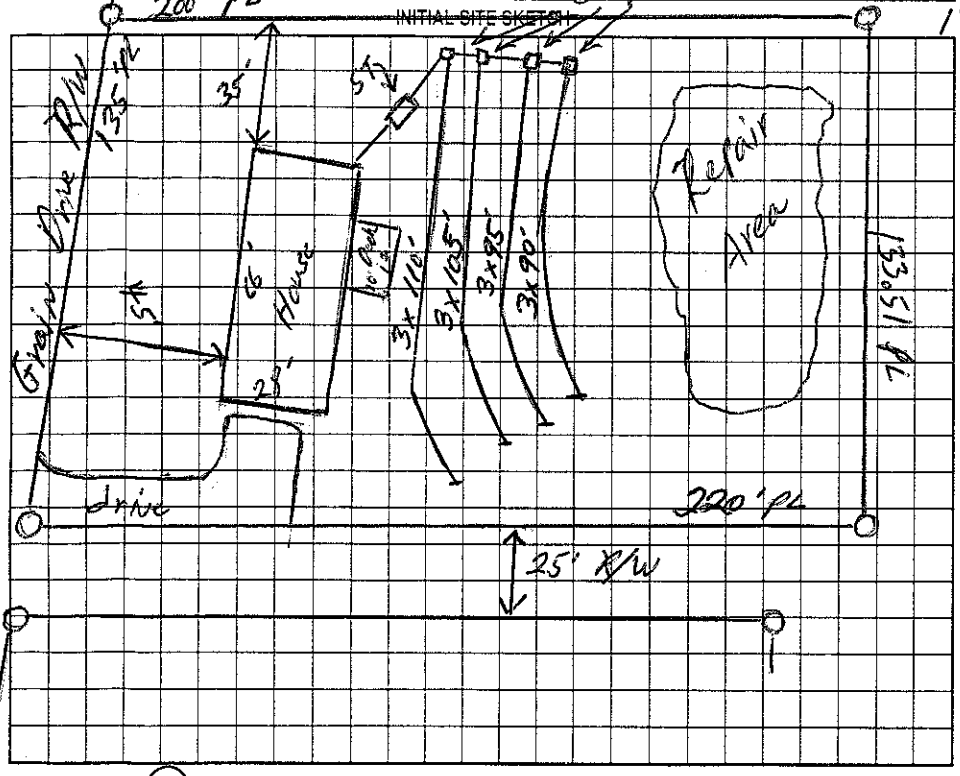
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

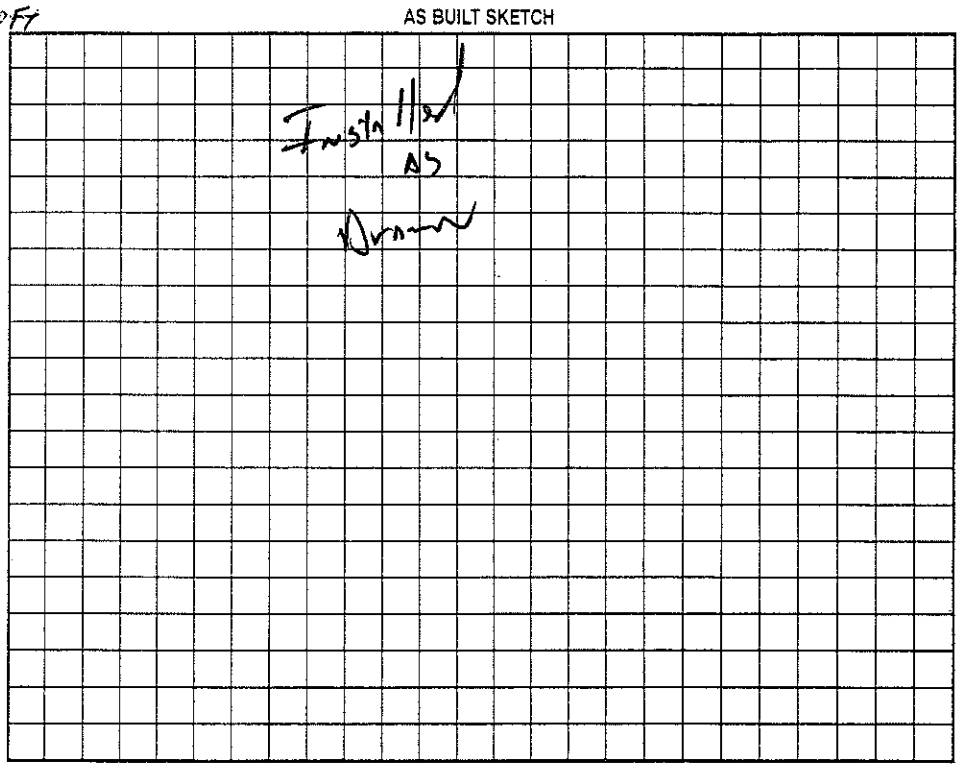
Comments:/Conditions:

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: _____ date 6/2/04 Installed by: Tommy Cothran

Improvement Permit by: William O. Johnson date 6/2/04 Operation Permit by: _____, R.S. date 27 Feb. 08

Authorization to Construct by: _____, R.S. date 30 Dec. 04 Existing System Inspection by: _____ date _____

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