IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 144095 PIN# 4629-66-5338

OWNER OR APPLICANT TRACY & Michelle Snider PHONE: Business 704-929-9228 Home DATE 10/29/07

ADDRESS 1438 Willowbrook Statesville NC 28625

LOCATION 21 SOUTH (R) Right (L) State Park (R) Morrison Farm (R) ABBEY RD (L) COUNTY HIW LAKE AT END OF RT

SUBDIVISION CLUT BLOCK / SECTION 17 LOT 167 PLOT 167 LOT AREA 1.72Ac SITE CLASS. B DESIGN FLOW 240 L.T.A.R. EXISTING

Septic Tank: 1000 Gallons; STB 1012 Date 3-27-07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 75' Long

No Lines Bed-3 Trench Width 7½ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Gravity Conv. Bed

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Persons 4 No. Employees _____

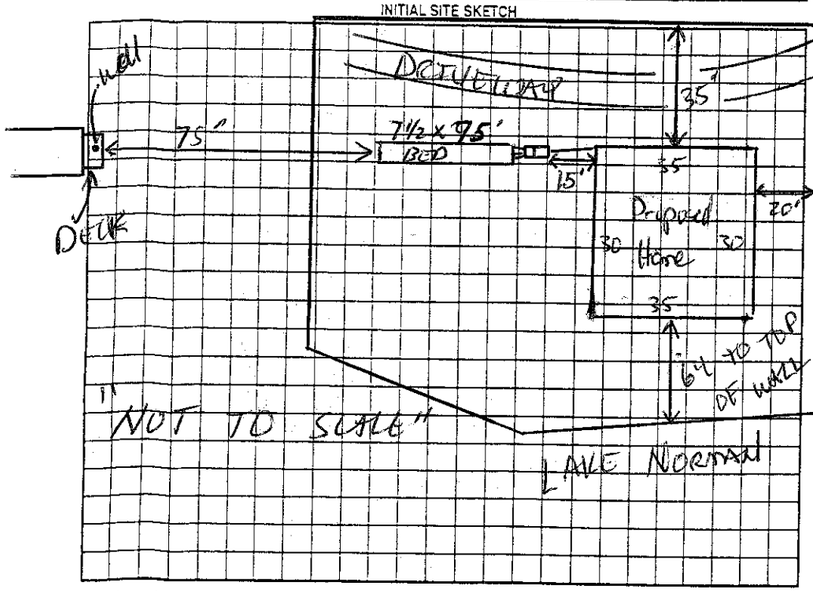
Water Supply: ☒ Individual ☐ Public ☐ Community

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

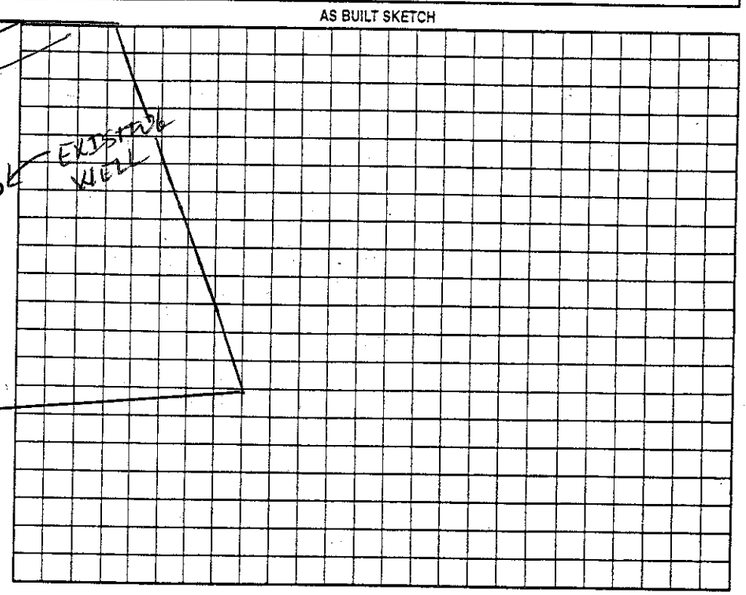
Comments/Conditions: (1) DENIED - NO JANUARY NEED For Horse Barns 20' to well (2) No signs of failure at time of Check. (3) This is an Existing System Check

Comments/Conditions: Grinder pump in Basement must pump up to floor level plumbing, then have 10' minimum gravity flow B4 entering Septic TANK

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 10-31-07

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: _____ date 10/31/07

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