# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135920 PIN# 4645237821

OWNER OR APPLICANT Koda Kavita Wissman PHONE: Business (540) 250-6869 Home (540) 951-4561 DATE 6-19-06

ADDRESS 515 Sunrise Dr. Blacksburg, VA 24060

LOCATION Alcove Rd TR Langtree TR Carson's Place TL Lawrence Tee Ln on right

SUBDIVISION Carson's Place BLOCK / SECTION J LOT 14 LOT AREA 1.0 Acre SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 744 Date 1-15-07

Pump Tank: 1000 Gallons: PT 27 Date 5-25-07

Pump Make: Goulds Model WE05 1H Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 6 @ 67' Trench Width 36" Max Trench Bottom Depth 36"

[X] New System [ ] Repair [ ] Expansion System Type: I II III IV V VI

System Description: Pump-PM-25% Reduction

Repair System Description: Pump Panel Blk

Maintenance Agreement Required: [ ] Yes [ ] No

Gravel Depth N/A [ ] Gravity [ ] Pressure [ ] Slab [ ] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

[X] House/Mod. Home No. Bedrooms 4

[ ] Mobile Home No. Persons

[ ] Business No. Employees

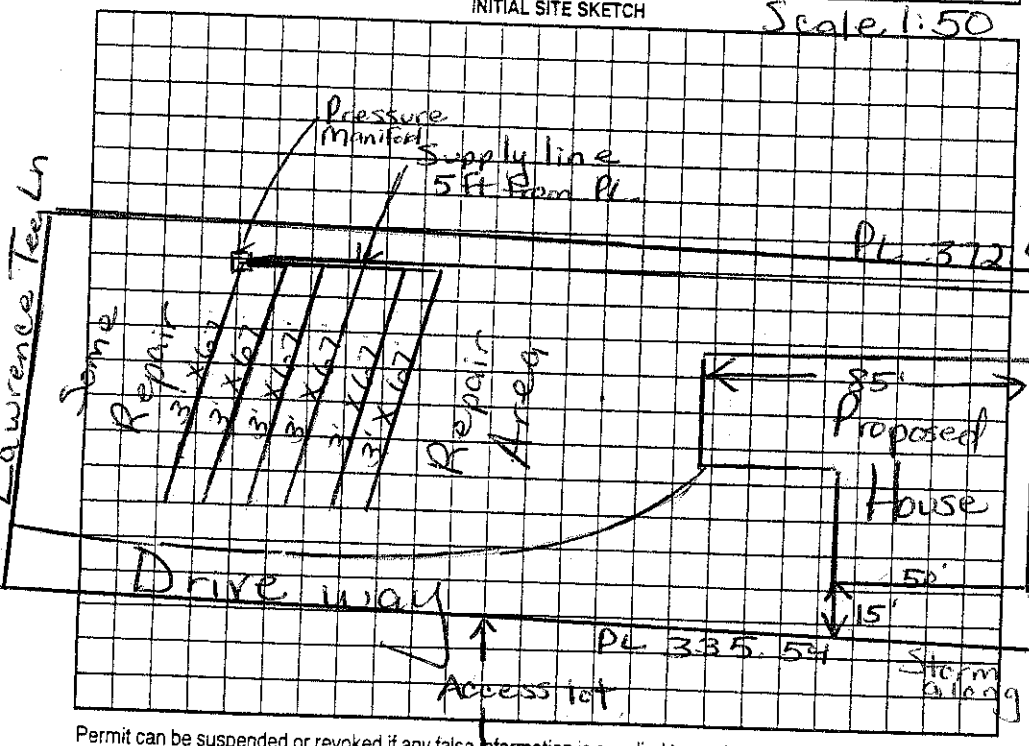
[ ] Other

Water Supply: [X] Individual [ ] Public [ ] Community

Comments/Conditions: Keep Septic System 10' from PL, 50ft from lake & 50 ft from any well(s).

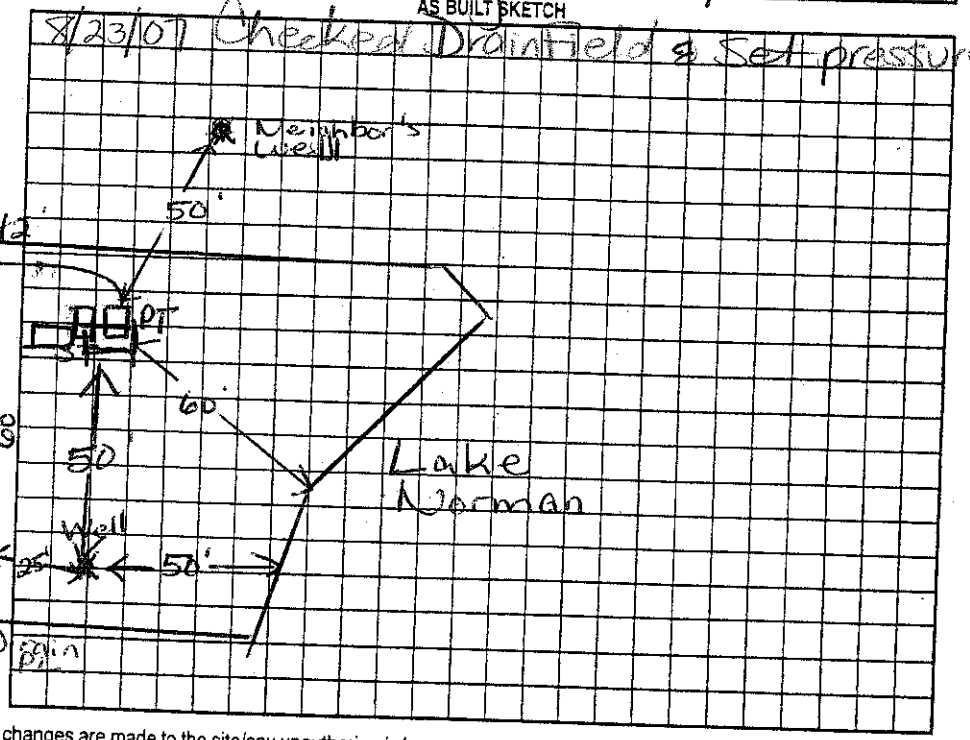
Comments/Conditions: Must keep well 50' from lake & 25ft from house.
8/21/07 Checked "Quick 4" Drainlines installed essentially as Drawn

INITIAL SITE SKETCH Scale 1:50




AS BUILT SKETCH

8/23/07 Checked Drainfield & Set pressure.




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:

Improvement Permit by: Maria H. Dotson RS date 6/12/06 Installed by: C. Wayne McPherson KS 9/24/07

Authorization to Construct by: Maria H. Dotson RS date 6/19/06 Operation Permit by: Maria H. Dotson date

Existing System Inspection by: date

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