IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 125127 PIN# 4659-35-4754 DATE 3/28/05

OWNER OR CONTRACTOR ~~Distinctive Housing~~ / Angela Page PHONE: Business 704 252 1700 Home 704 878-9400

ADDRESS 1480 Northside Dr Statesville NC

LOCATION 115/21 N, TR Freeze Crossing, TL Cedar Crest, on Lt at End

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0-3

Septic Tank: 1000 Gallons; STB 825 Date 3-4-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533'
No Lines 4@133' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity Conventional / same
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☒ No

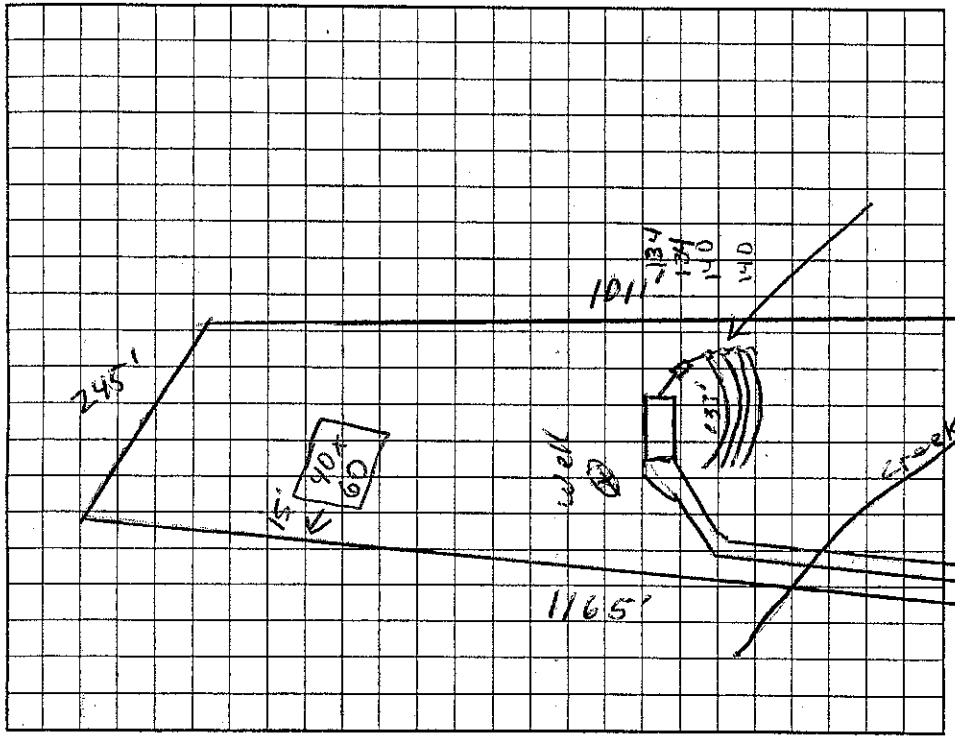
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: Filter installed
Well not installed at time of inspection.

INITIAL SITE SKETCH



AS BUILT SKETCH

The proposed / existing Horse Barn addition does not appear to impact the existing septic system.
**NOTE: Any Building must be 25ft from well & 5ft from Septic

Maria H. Dotson RS REHS
Date: 12/6/2010
ICHD-Environmental Health Division

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 3/28/2005 Installed by: Rowan Septic

Improvement Permit by: _____ RS date 3/28/05 Operation Permit by: Maria H. Dotson RS date 5/3/05

Authorization to Construct by: _____ RS date 3/28/05 Existing System Inspection by: _____ date _____

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