IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 124772 PIN# 4669 28 9298 DATE 1/18/07

OWNER OR APPLICANT Jim Estes - Genin Homes PHONE: Business _____ Home _____

ADDRESS PO Box 367 Terrell NC 28682

LOCATION Hwy 115-21 N, TR Shinnville Rd, - 4 miles on left

SUBDIVISION Lizaus Las Acres BLOCK / SECTION _____ LOT 1 LOT AREA 1 Acre SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1000 Gallons; STB 1012 Date 9/11/06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ____ Square Feet 900 Linear Feet 300
No Lines 6@50' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I ☒ II III IV V VI
System Description: 25% Reduction
Repair System Description: LP Panel Block
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other _____

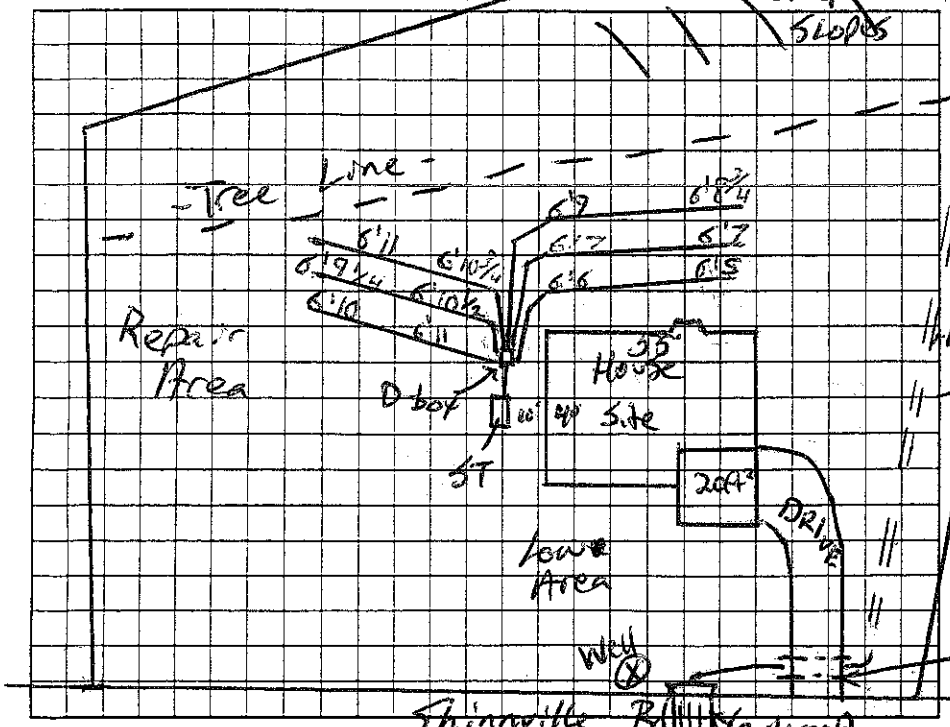
Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth N/A ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

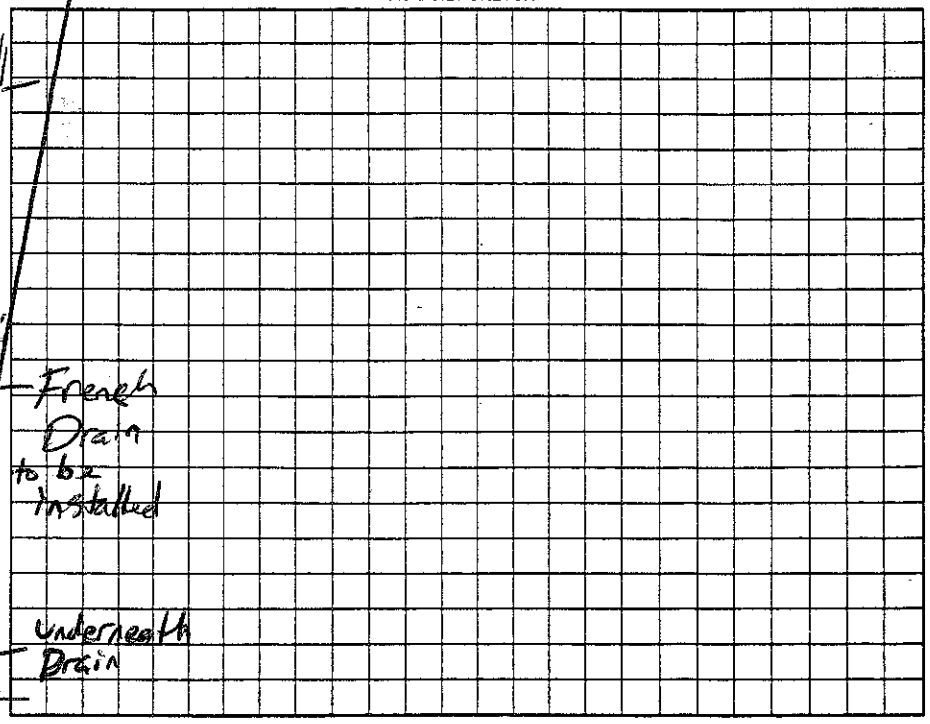
Comments/Conditions: -Follow Contours & grade
*Install French drain as shown and a drain way/culvert under driveway to redirect any water coming onto property

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 _____

Improvement Permit by: [signature] date 1/23/07

Authorization to Construct by: [signature] date 2/21/07

Installed by: Tony Frye

Operation Permit by: Wesley Sparkers date 4/18/07

Existing System Inspection by: _____ date _____

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