IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 $130 MOORESVILLE 704-664-5281 3.00

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

PERMIT# 116167 PIN# 4676-89-5550 DATE 11/5/03

OWNER OR CONTRACTOR Wayne Howes PHONE: Business 704-872-0271 Home

ADDRESS 130 Victory Ln. Statesville NC 28625

LOCATION 152 S, TR Teeter, TL Magnolia Ridge, TR Oak Meadow at End

SUBDIVISION Magnolia Ridge BLOCK / SECTION LOT 9 LOT AREA 1.00 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.35

Septic Tank: 1000 Gallons; STB 794 Date 11/2/03

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1032 Linear Feet 344

No Lines 4@86' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Bathrooms 2.5 No. Employees

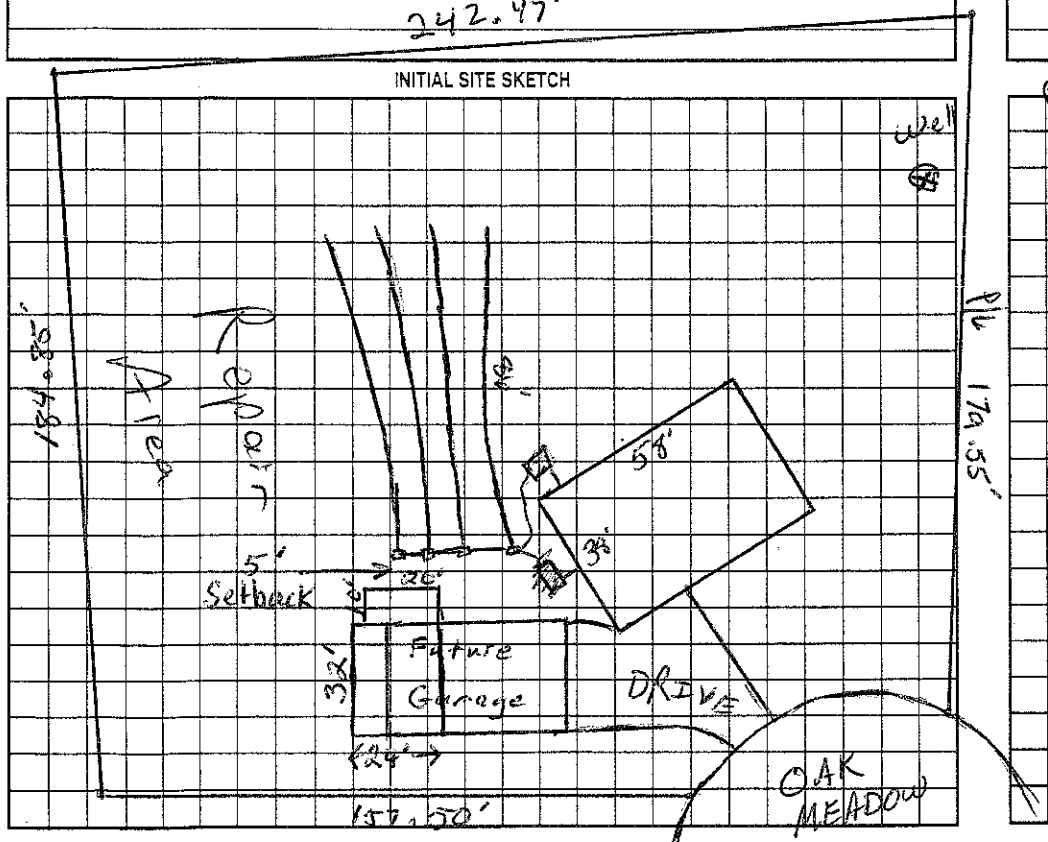
Water Supply: ☒ Individual ☐ Public ☐ Community

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

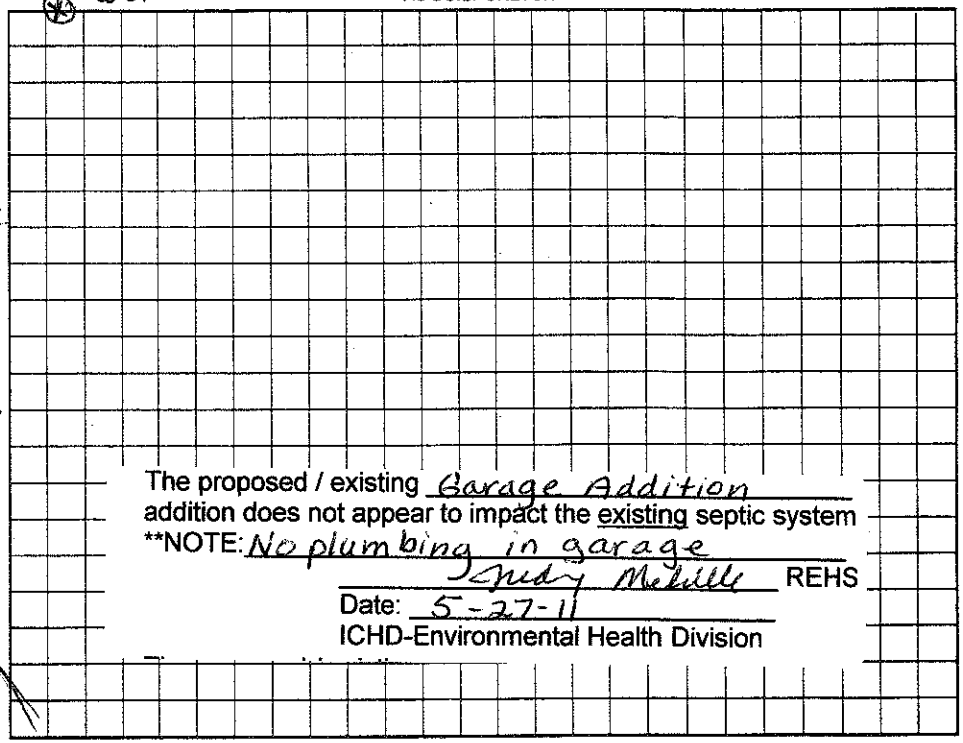
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



The proposed / existing Garage Addition addition does not appear to impact the existing septic system

**NOTE: No plumbing in garage

Cindy McNeill REHS

Date: 5-27-11

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

Improvement Permit by: RS date 11/5/03

Authorization to Construct by: RS date 11/5/03

Installed by: Marty Tucker

Operation Permit by: RS date 1/21/04

Existing System Inspection by: date

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