CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 116985 PIN# 4701-98-3043-3020 DATE 4-19-04

OWNER OR CONTRACTOR JERRY ROGERS PHONE: Business 704-902-4067 Home 704 528-4134

ADDRESS 405 CARRIAGE ROAD STATESVILLE NC 28677

LOCATION 70 WEST (R) EUFOLA (R) CARRIAGE (L) BOX # 405

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 6.65 AC SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: 1600' Gallons: STB 1012 Date 2-10-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 800' Linear Feet 270'
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, (II) III, IV, V, VI
System Description: CONV GRAV
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☒ Other 6 APT
No. Bedrooms 12 No. Bathrooms 1 No. Employees _____

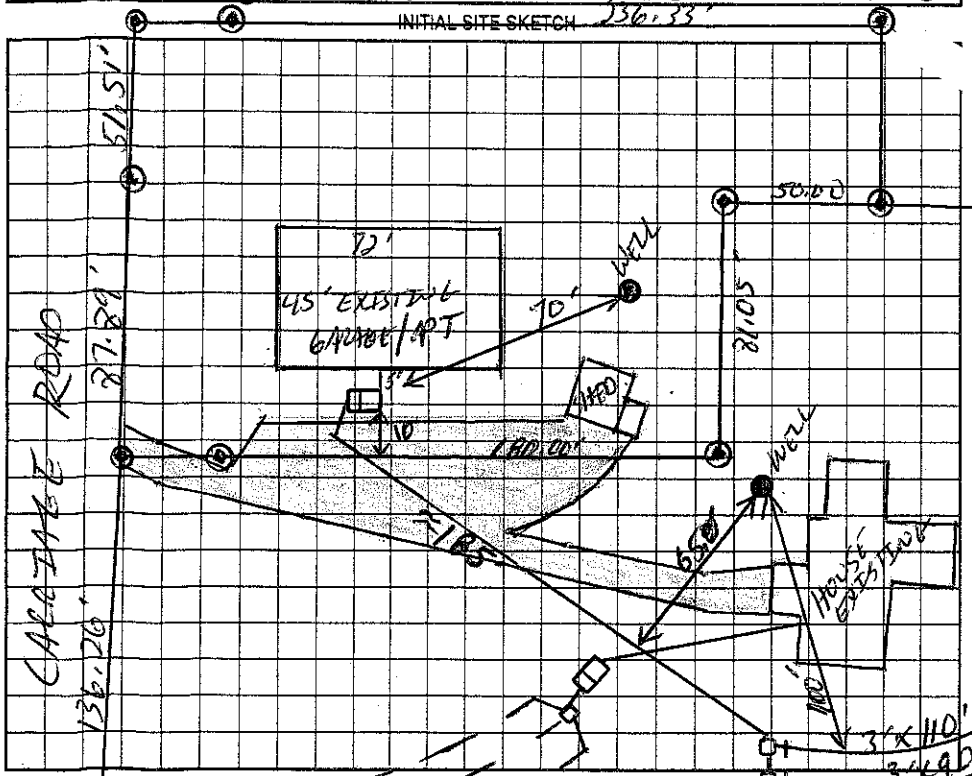
☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

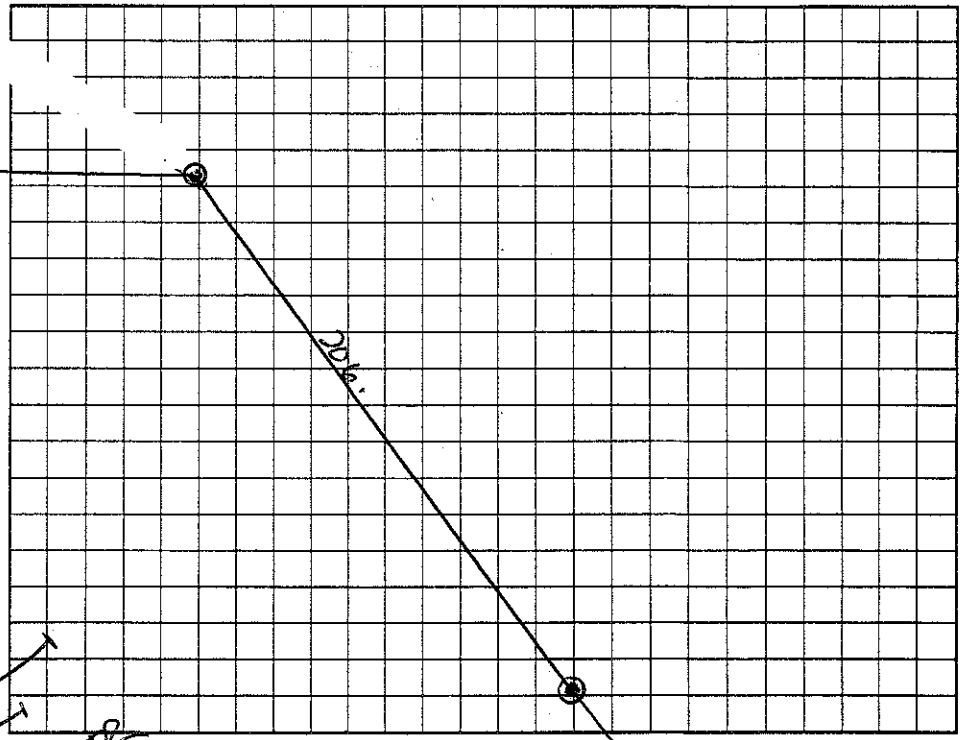
Comments:/Conditions: (1) KEEP SUPPLY UNDER DRIVE 30" DEEP + SLEEVE (2) NEEDS EASEMENT BY AC IS SIGNED OFF ON (3) SYSTEM IS FLAGGED OUT ENTIRELY (4) ONLY BUILDING / BEDROOM - SYSTEM

Comments:/Conditions: IS SIZED FOR 2 BEDROOM. EASEMENT FOR PROPERTY LINE CROSSING + PLACEMENT IS ATTACHED. TUFFTITE FILTER MARKER INSTALLED AS DRAWN

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: _____ 4-20-04 date _____ Installed by: STEVE JORDON

Improvement Permit by: _____ date 4-20-04 Operation Permit by: _____ RS date 6-25-04

Authorization to Construct by: _____ date 4-28-04 Existing System Inspection by: _____ date _____

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