IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 148763 PIN# 4702532973.155 704-677-2569 JESSEE CELL DATE 3-7-08

OWNER OR APPLICANT JESSE WALKER PHONE: Business 704-883-7898 Home Home 336-658-4552 Work

ADDRESS 155 OLIVER FARM LANE STATESVILLE NC 28677

LOCATION 70 WEST (L) EUFOLA (R) WEST LEWIS FERRY (R) LONG ISLAND (L) Oliver Farm At END

SUBDIVISION ______ BLOCK / SECTION ______ LOT ______ LOT AREA 21 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB ______ Date Sit 30 DAYS

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

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

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☐ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: GRAVITY CONV

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

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

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

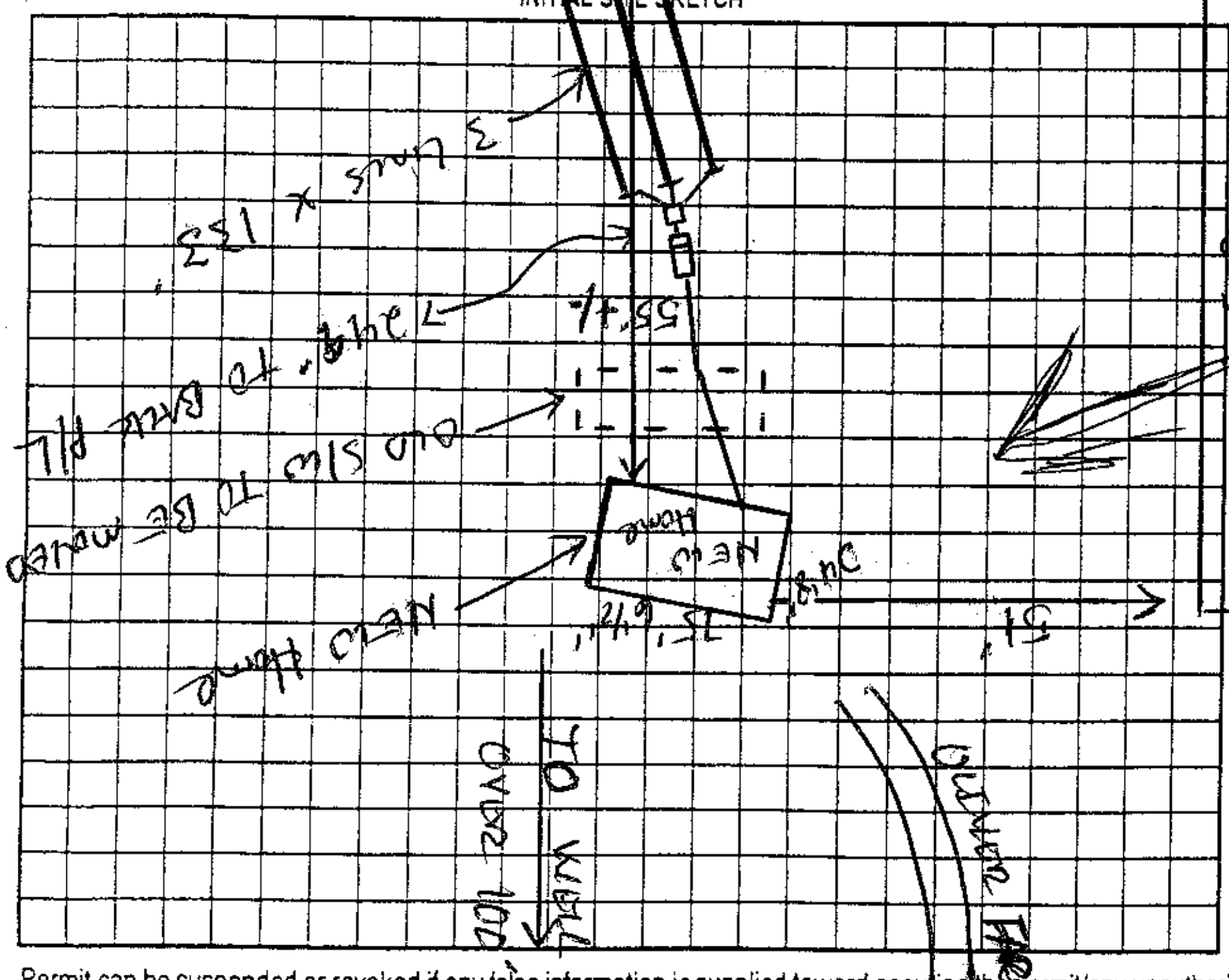
No. Bedrooms 3 No. Persons 6 No. Employees ______

Water Supply: ☒ Individual ☐ Public ☐ Community

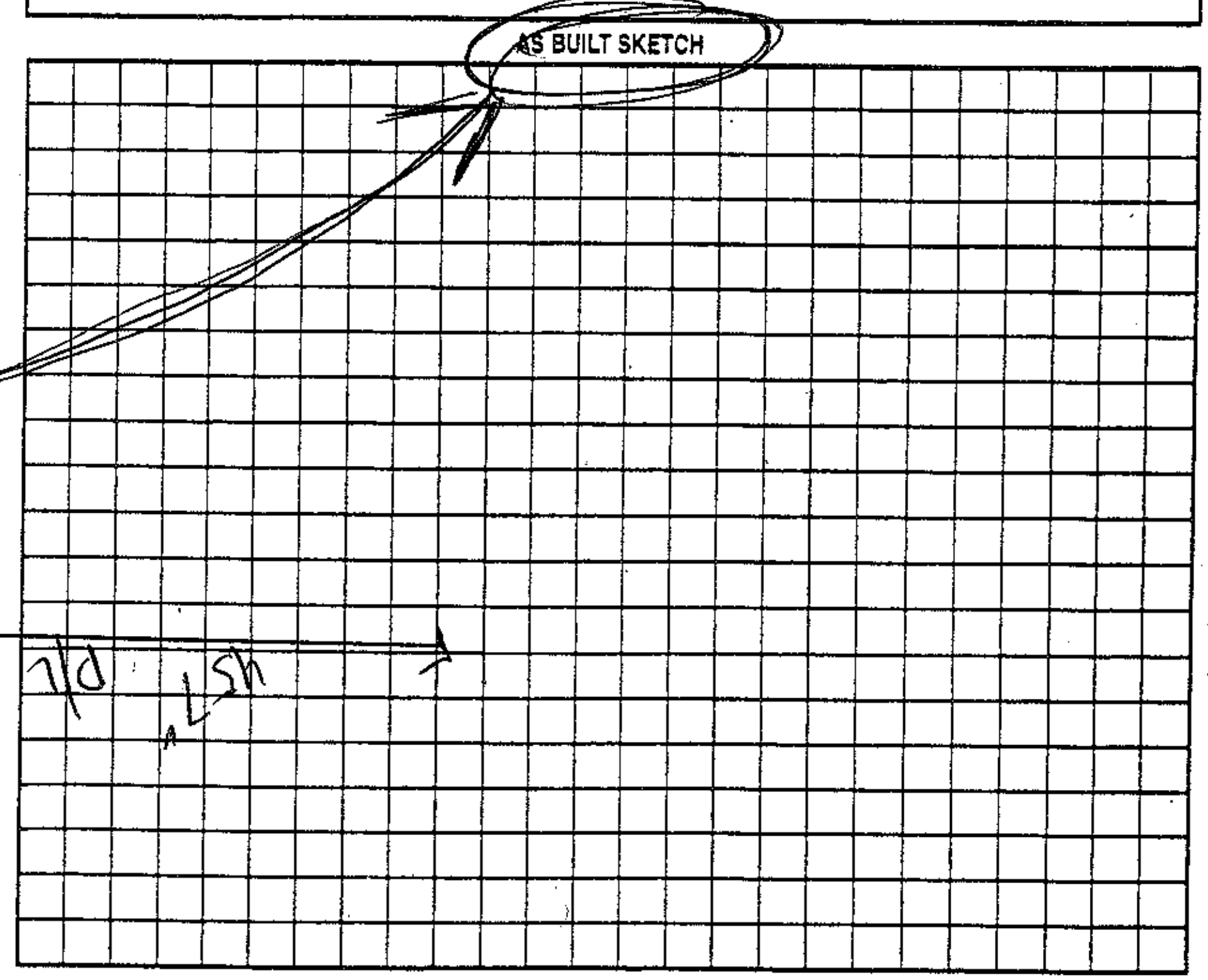
Comments:/Conditions:

Comments:/Conditions: (1) NEW House to be placed in front of OLD S/W TO BE REMOVED (2) NO SIGNS OF FAILURE AT TIME OF CHECK.

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: Jesse H. Walker date 3-7-8

Improvement Permit by: ______ date ______

Authorization to Construct by: ______ date ______

Installed by: ______

Operation Permit by: ______ date ______

Existing System Inspection by: [signature] date 3-7-08

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