CC 250.00 tax 4.00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135699 PIN# 4702533973 3994 DATE 6-5-06

OWNER OR APPLICANT Darrell & Deborah Oliver PHONE: Business 704-872-0898 Home same

ADDRESS 157 Long Island Rd Statesville 28677

LOCATION I-40 TL OMR TR Lewis Ferry to stopsign & go across TR Long Island 3rd on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 21.961 Ac SITE CLASS. Ps DESIGN FLOW 480 gpd L.T.A.R. .3 gpd/ft²

Septic Tank: Existing Gallons: STB _____ Date _____
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 535
No Lines 5 Trench Width 36" Max Trench Bottom Depth 32"

☐ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: conventional gravity
Repair System Description: conventional gravity
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons 8
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth 12" ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

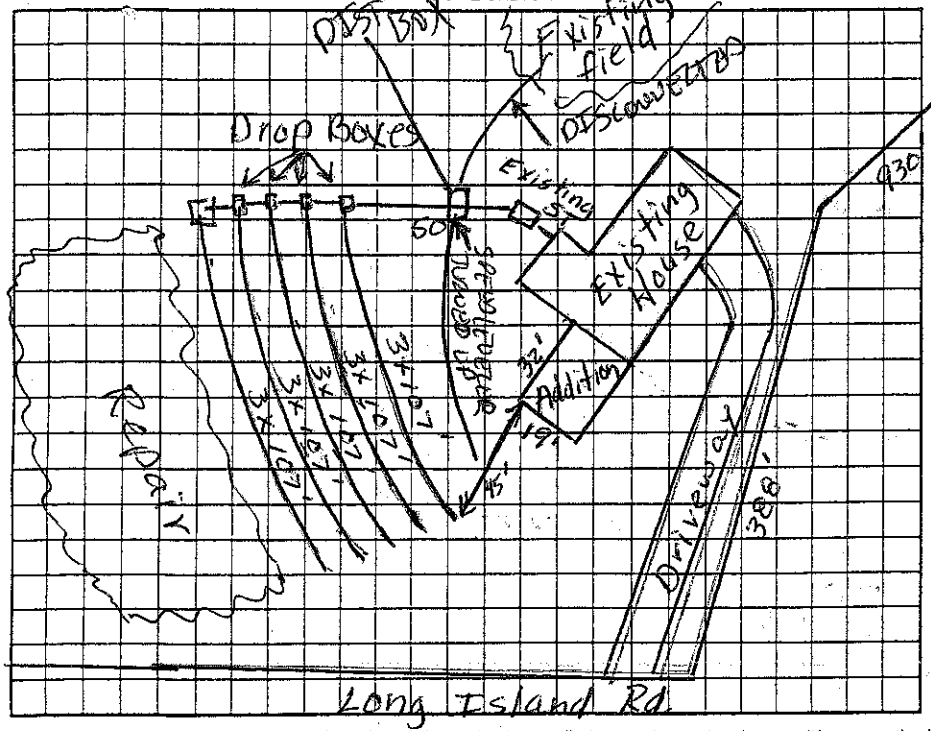
Comments:/Conditions:

Existing 3 bd house w/ expansion to 4 bd.
New septic field to connect to existing ST
Abandon existing septic field

Comments:/Conditions:

√ I/O 1st 4 LINES 7-19-06
√ I/O LAST DIST BOX 7-20-06

INITIAL SITE SKETCH



AS BUILT SKETCH

LINES LEFT NOT FOR FUT. USE
LEVELED PUT IN FOR FUTURE
REPAIR IF NECESSARY,
FOR NEW SYSTEM
OWNER WANTED TO LEAVE
OLD LINE IN FOR FUTURE
IF NEEDED

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 6-5-06

Improvement Permit by: Judy Melville date 6-5-06

Authorization to Construct by: Judy Melville date 6-5-06

Installed by: TJM ABEE

Operation Permit by: _____ LRS date 7-21-06

Existing System Inspection by: _____ date _____

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