IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 134395 PIN# 4702 72 ~~29 24~~ 0768 DATE 3-31-06

OWNER OR APPLICANT Edwin Clark PHONE: Business _____ Home 704-873-9524

ADDRESS 925 Lewis Ferry RD Statesville NC 28677

LOCATION I40W onto (TL) Lewis Ferry (R) Cross over Eupora Lot on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.25-Acres SITE CLASS. B DESIGN FLOW 240 L.T.A.R. 3

Septic Tank: 1000 Gallons; STB 1017 Date 8-1-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 300 Linear Feet 200

No Lines 2 Trench Width 36 Max Trench Bottom Depth 36 Gravel Depth NA ☑ Gravity ☐ Pressure

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

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 2 No. Persons ___ No. Employees ___

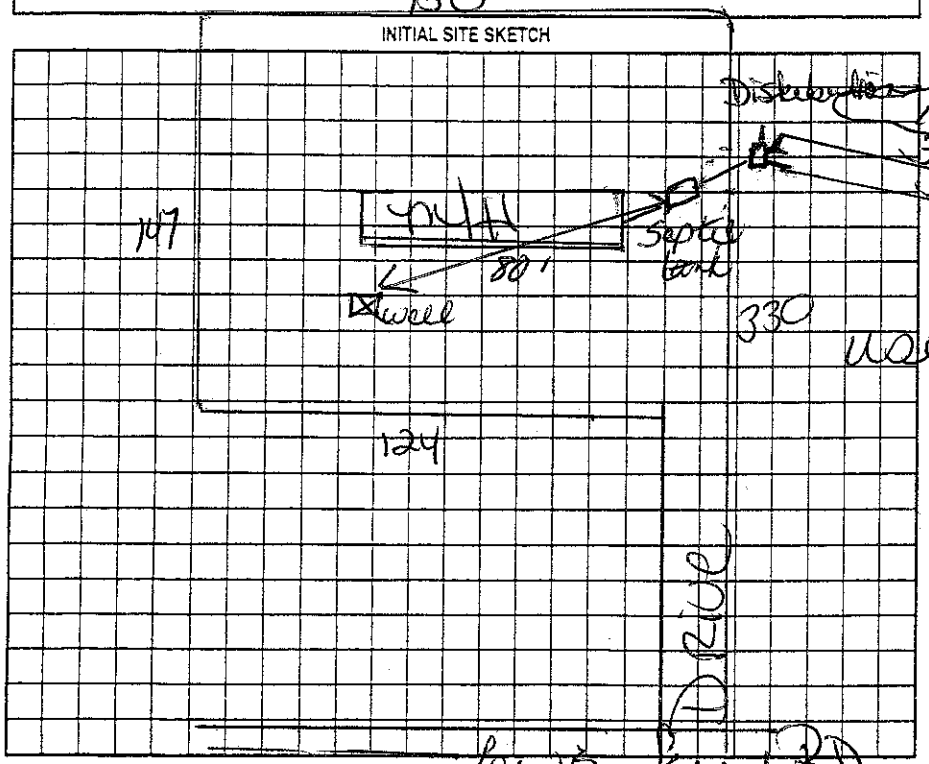
Water Supply: ☑ Individual ☐ Public ☐ Community

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

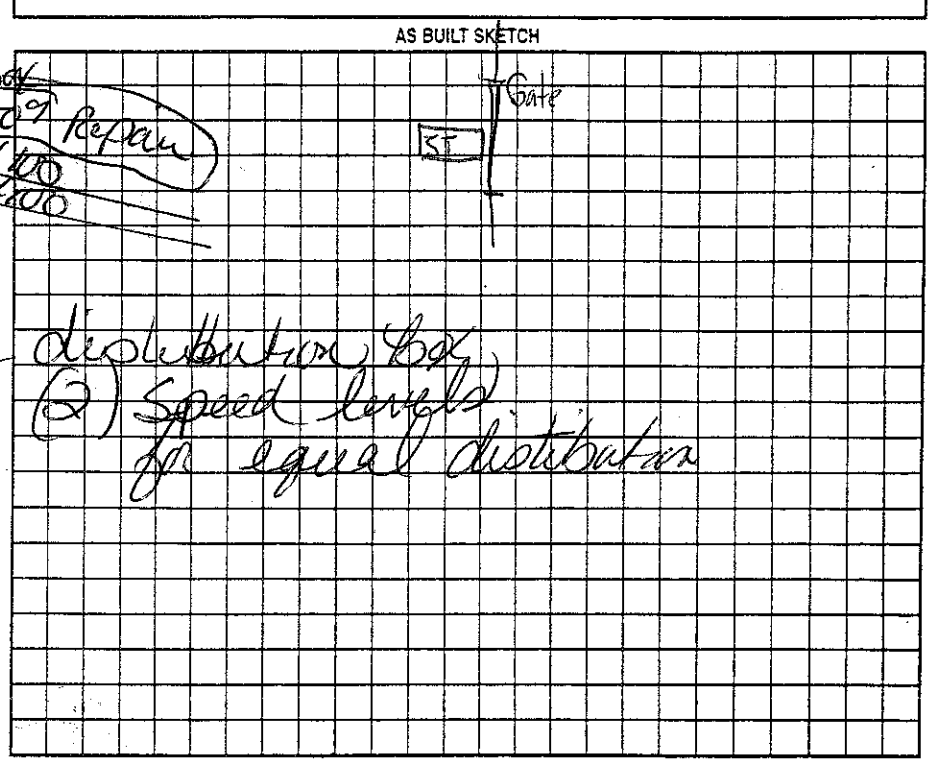
Comments:/Conditions: Install on Contour Maintain all Setbacks

Comments:/Conditions: Not to Scale

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: X Edwin Clark date _____ Installed by: Forest Shuford

Improvement Permit by: Terry Cook date 3-31-06 Operation Permit by: _____ date 4-4-06

Authorization to Construct by: Terry Cook date 3-31-06 Existing System Inspection by: _____ date _____

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