* Expansion

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 147913 PIN# 4703 17 3587

OWNER OR APPLICANT Jerry W. Price / Delia Moose DATE 4 Jan/08 Returned TCH

ADDRESS 239 Lewis Ferry Rd. Statesville, N.C. 28677 PHONE: Business (704) 878-0330 Home same

LOCATION 347 Mock Mill Rd. Statesville, N-S

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 4.2 Ac. SITE CLASS. PS DESIGN FLOW 120 gpd L.T.A.R. 0.25 gpd/sf

Septic Tank: Existing Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet add'l 480 Linear Feet 120'

No Lines 2 Trench Width 30" Max Trench Bottom Depth 30" Gravel Depth _____

☐ 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 No. Bedrooms 4

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☑ Other add'l bdr

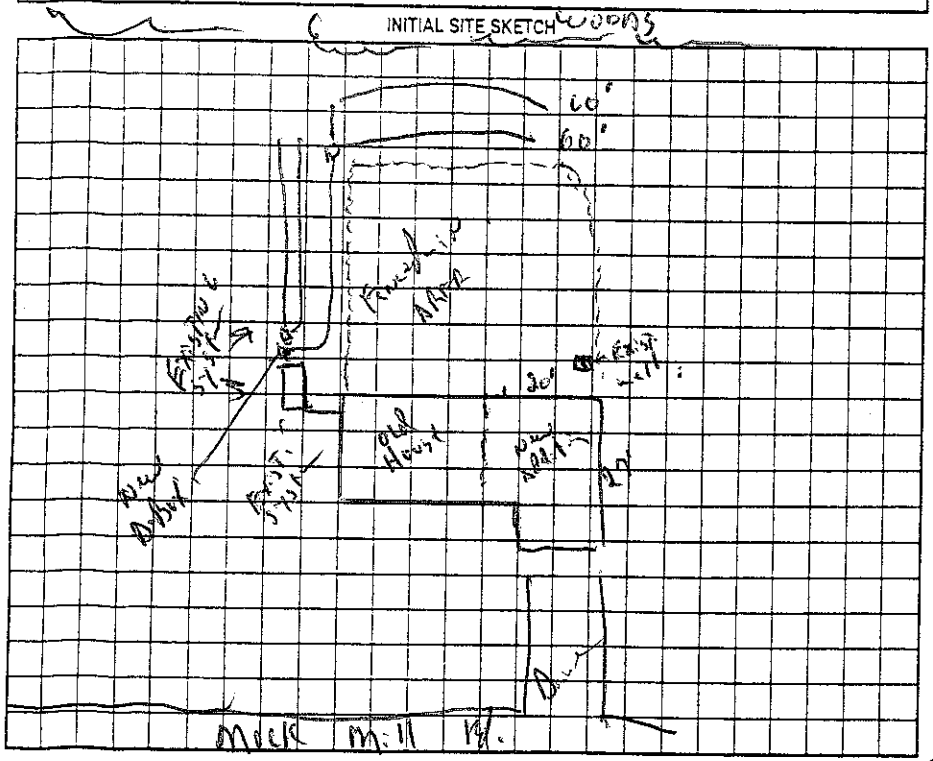
Water Supply: ☒ Individual ☐ Public ☐ Community

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

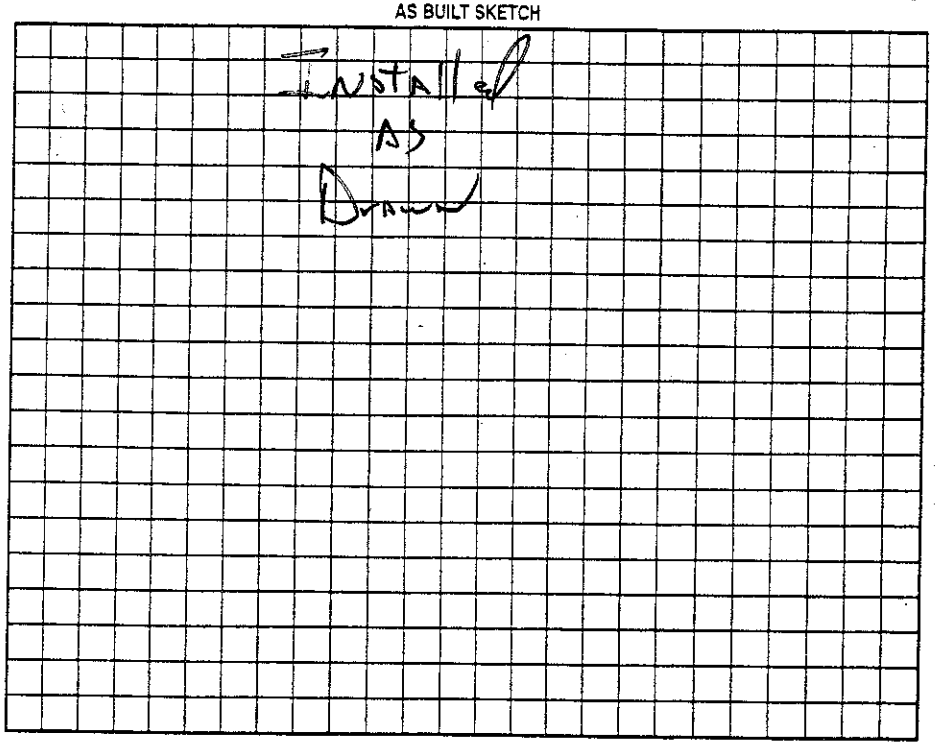
Comments/Conditions: Honor All setback requirements / Follow contour

Comments/Conditions:

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: _____ date 6 Feb 08 Installed by: James Huddle

Improvement Permit by: _____, R.S. date 4 Jan 08

Authorization to Construct by: _____, R.S. date 4 Jan 08

Operation Permit by: _____, R.S. date 1 May 08

Existing System Inspection by: _____ date _____

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