IREDELL COUNTY HEALTH DEPARTMENT

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

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

CF

PERMIT# 131185 PIN# 4703835779. DATE 9-23-05

OWNER OR CONTRACTOR Jerry W Rice PHONE: Business 704-878-0330 Home Same

ADDRESS 239 Lewis Ferry Rd Statesville NC 28677

LOCATION I-40 W Old Mtn Rd R Graelyn Right Parkers Grove Property on Right

SUBDIVISION Three Oaks BLOCK / SECTION III LOT 44 LOT AREA 1.09 AC SITE CLASS. RS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 12-22-06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 1200 Linear Feet 360

No Lines 3 Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth 4"

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

System Description: 25% Gravity

Repair System Description: ~~300~~ 2P Panel

Maintenance Agreement Required: ☐ Yes ☐ No

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

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ___

☐ Business No. Employees ___

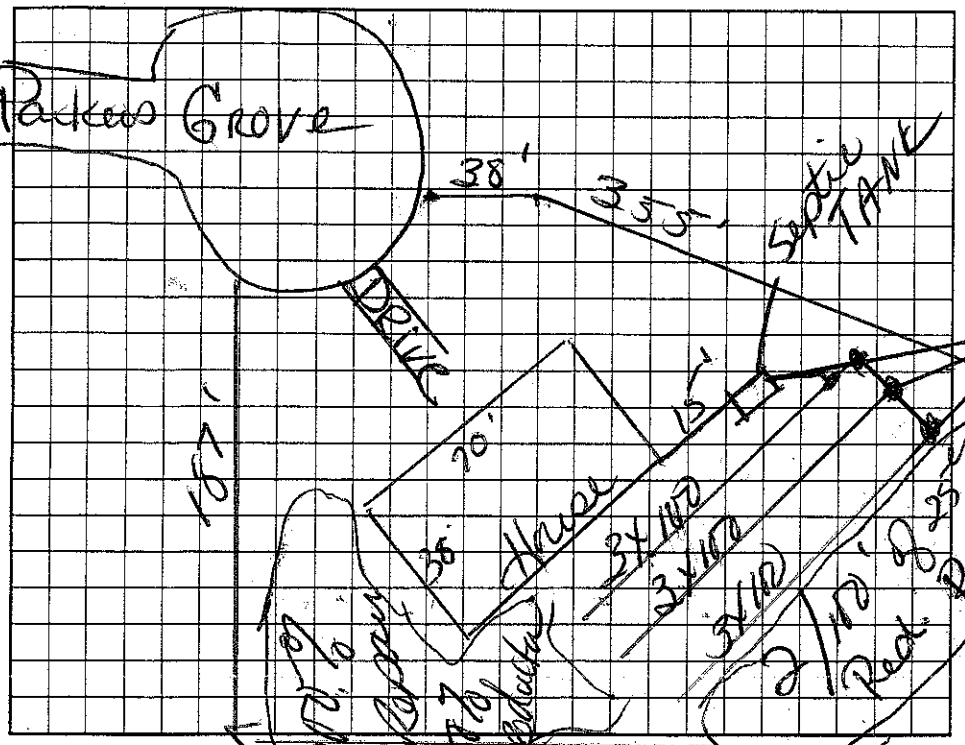
☐ Other _____

Water Supply: ☐ Individual ☐ Public ☐ Community

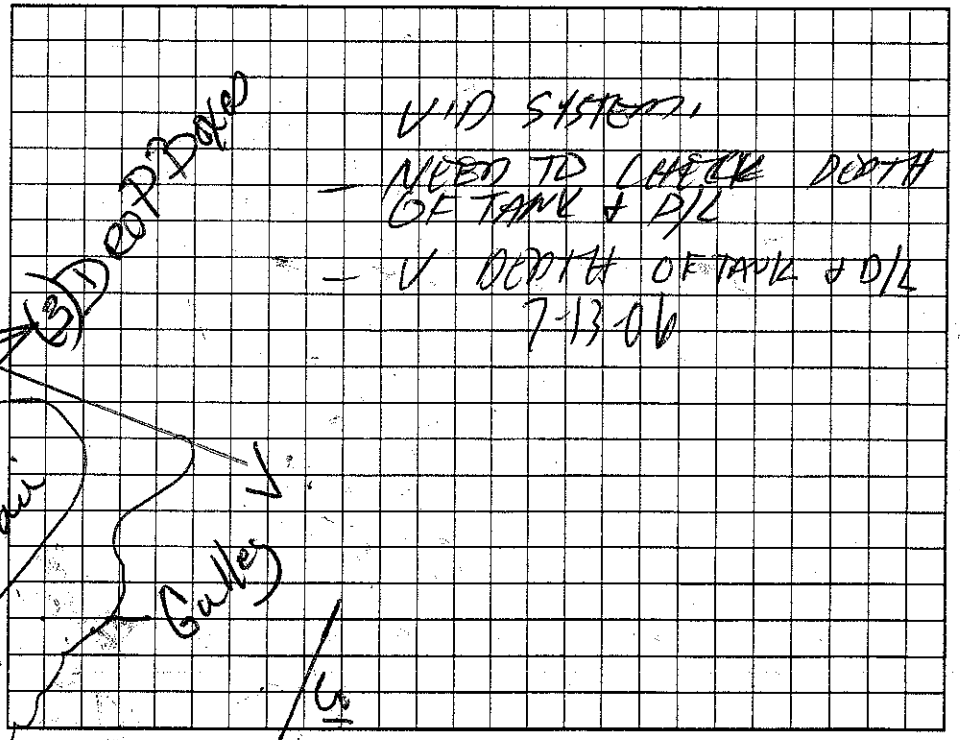
Comments:/Conditions: Unstable on Contour
Maintain all setback

Comments:/Conditions:
* BUILDER OK TANK CHANGES
94'
100
106'

INITIAL SITE SKETCH



AS BUILT SKETCH



VID SYSTEM.
- NEED TO CHECK DEPTH OF TANK & D/L
- V DEPTH OF TANK & D/L
7-13-06

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 _____ Installed by: DATE IN TRENCH

Improvement Permit by: [signature] date 9-23-05 Operation Permit by: [signature] date 7-13-06

Authorization to Construct by: [signature] date 9-23-05 Existing System Inspection by: _____ date _____

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