IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 145487 PIN# 4704-58-6331 DATE 17 October 07

OWNER OR APPLICANT Patrick Robinson PHONE: Business _____ Home 704-929-6639

ADDRESS 159 Twitty Ln. Statesville, NC.

LOCATION Old Mill Rd From I-40 - TR Brady Circle - 4th lot on Rt.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.217 SITE CLASS 4 DESIGN FLOW 360 L.T.A.R. 0.3 g/ft²/day

Septic Tank: ~~1000~~ 1500 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet ≈ 1200 Linear Feet 300

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

☑ Gravity ☐ Pressure

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

Water Supply: ☐ Individual ~~☐ Public~~ ☐ Community

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

Comments:/Conditions:

Follow contour

Mown Setbacks

Comments:/Conditions:

INITIAL SITE SKETCH

Please see Attached Layout.

AS BUILT SKETCH

The location of the proposed OUT BUILDING addition does not appear to impact the existing septic system.

**NOTE: SYSTEM NOT INSTALLED AT THIS TIME

E-SIGNED

REHS

Date: NOV. 17, 2010

ICHD-Environmental Health Division

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~~ ~~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 10/18/07

Improvement Permit by: _____, R.S. date 17 Oct. 07

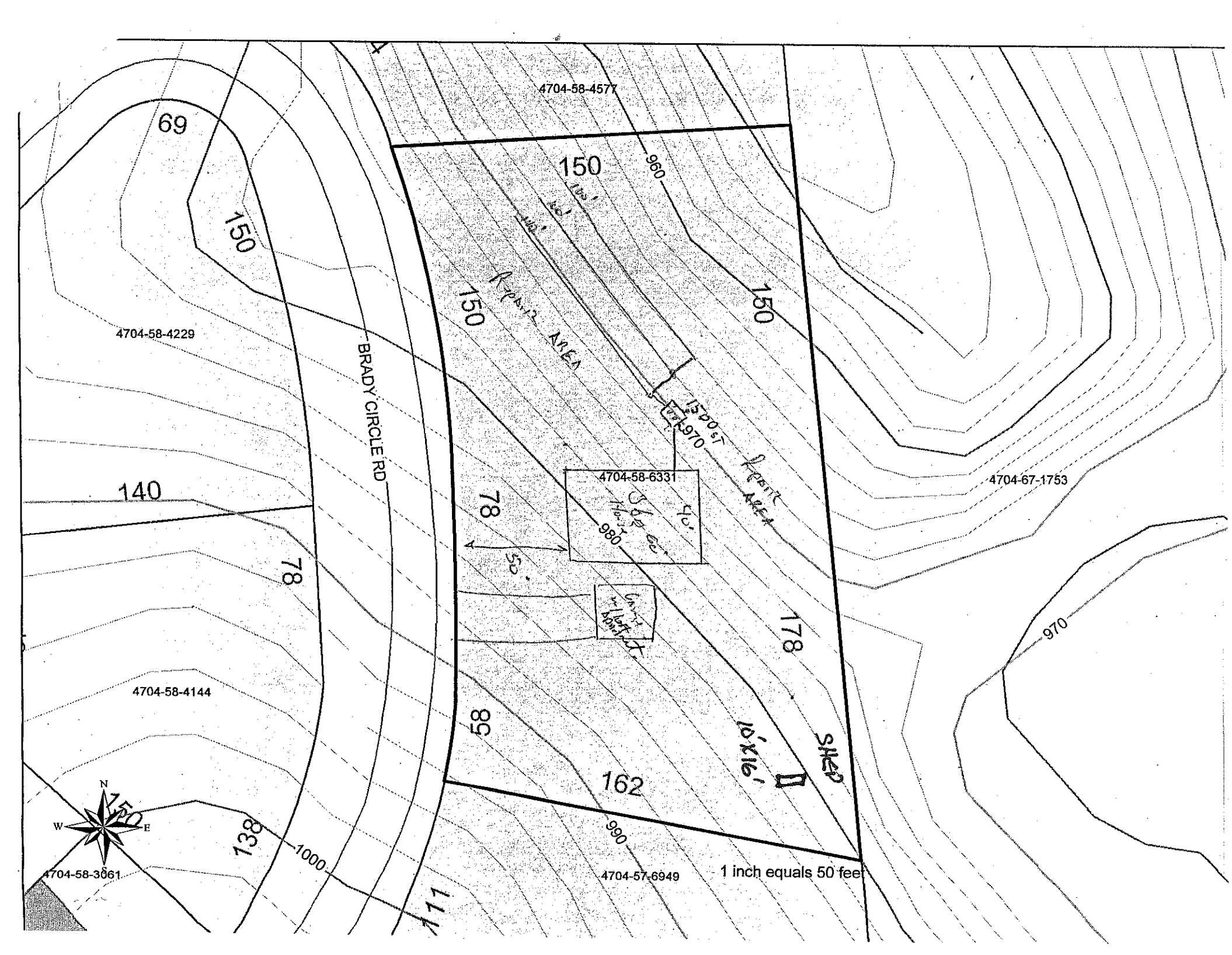
Authorization to Construct by: _____, R.S. date 17 Oct. 07

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: _____ date _____

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


4704-58-4577
69
150
960
150
150
150
4704-58-4229
BRADY CIRCLE RD
REPAIR AREA
REPAIR AREA
1320 ST
970
4704-58-6331
40'
60'
980
140
78
78
50'
4704-67-1753
970
178
58
10'X16'
SHED
4704-58-4144
162
990
138
1000
4704-58-3661
4704-57-6949
1 inch equals 50 feet
N
W
E