IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 157889 PIN # 4704-65-3291 DATE 24 August 09

OWNER or APPLICANT Richard & Sally Charles Higby PHONE: Business 704-902-7305 Home:

OWNER or APPLICANT ADDRESS 187 Ashley Acres Rd, Statesville, N.C.

LOCATION / DIRECTIONS Old Mtn. Rd. from Island Ford Rd. - on Left past Fire Dept.

SUBDIVISION BLOCK / SECTION LOT # LOT AREA DESIGN FLOW 360 g.p.d. L.T.A.R. 0.3 g/ft²/d

Septic Tank 1000 Gallons: STB 825 Date 7-20-09

Pump Tank Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields 1 No Lines 4 Linear Feet 300

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth NA

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

System Description: 25% Reduction System

Repair System Description: 25% Reduction System

Maintenance Agreement Required ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Follow contour / Observe all setback requirements. /

Comments / Conditions: Left - Side Fill Installed

INITIAL SITE SKETCH

Please see Attached Site plan and Site sketch.

AS BUILT SKETCH

Installed as Drawn.

End cap - to end cap.

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 w / plat valid without expiration.* ☑ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☑ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date 8-24-09

Improvement Permit by: [signature], R.S. Date 24 Aug. 09

Authorization to Construct by: [signature], R.S. Date 24 Aug. 09

Installed by: Rowan Septic

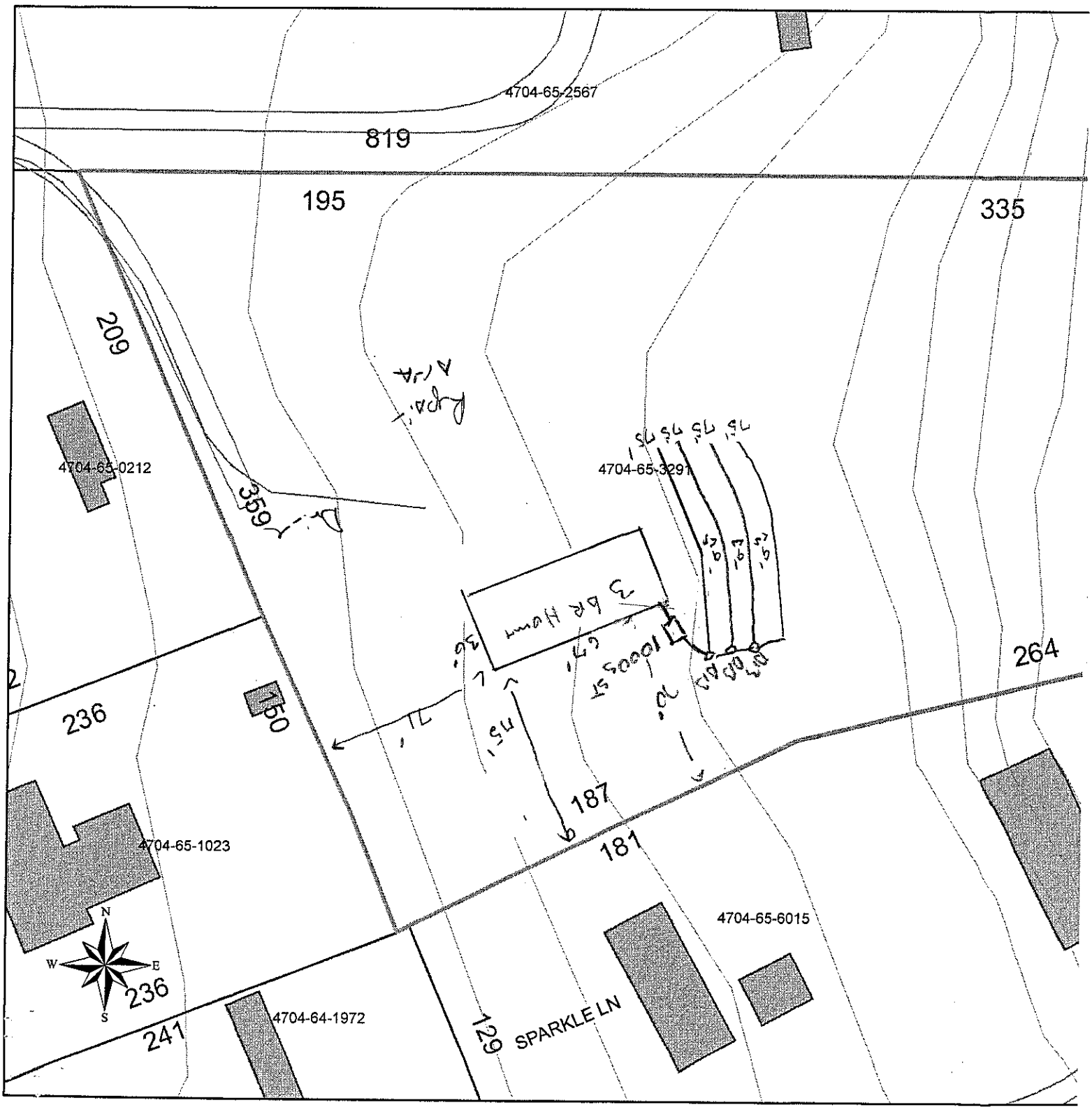
Operation Permit by: [signature], R.S. Date: 2 Sept. 09

Existing System Inspected by: Date:

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

Barn + Garage Addition 8/09 + 9/09


4704-65-2567
819
195
335
209
4704-65-0212
4704-65-3291
359
264
236
150
187
181
4704-65-1023
4704-65-6015
236
241
4704-64-1972
129
SPARKLE LN
N
W
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