IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 15153 PIN# 4705-58-5626 DATE 20 June 08

OWNER OR APPLICANT Coleen Henry PHONE: Business _____ Home 704-873-6453

ADDRESS 2149 Wilkesboro Hwy Statesville NC

LOCATION Hwy 64 TL Lapsley Farm Rd. TR - Flat Rock - TL - 3rd Cott on Rt.

SUBDIVISION Happy Acres BLOCK / SECTION _____ LOT 18 LOT AREA 0.4 Ac. SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. 0.3/FT²/d.

Septic Tank: 1000 Gallons; STB 700 Date 4-6-08

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: 0 Model _____ Serial No. _____

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

No Lines 5 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

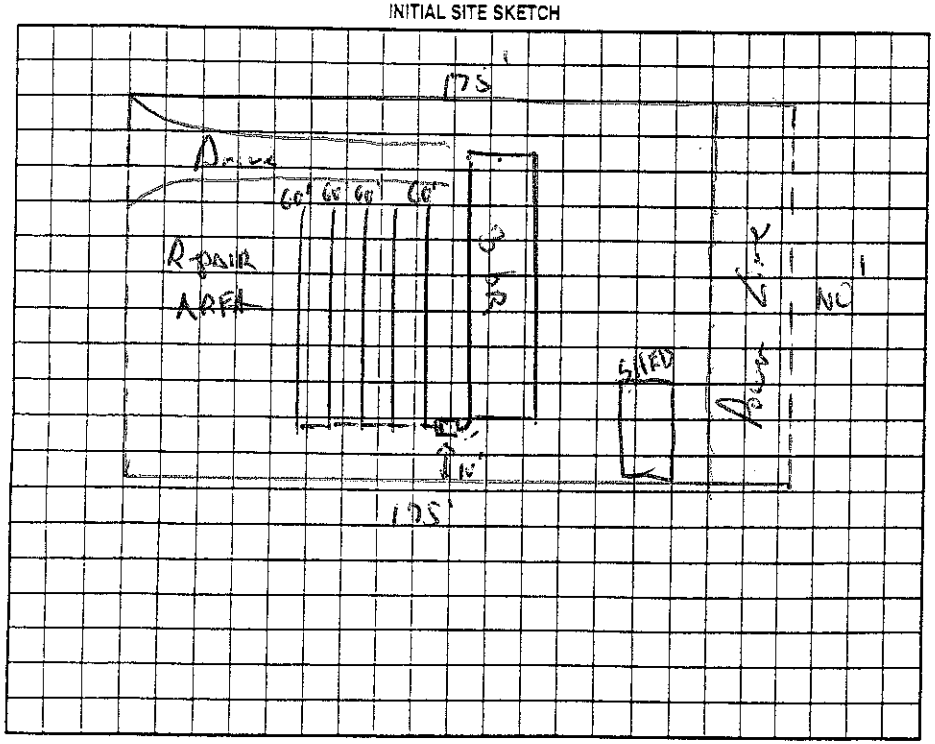
Water Supply: ☐ Individual ☒ Public ☐ Community

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

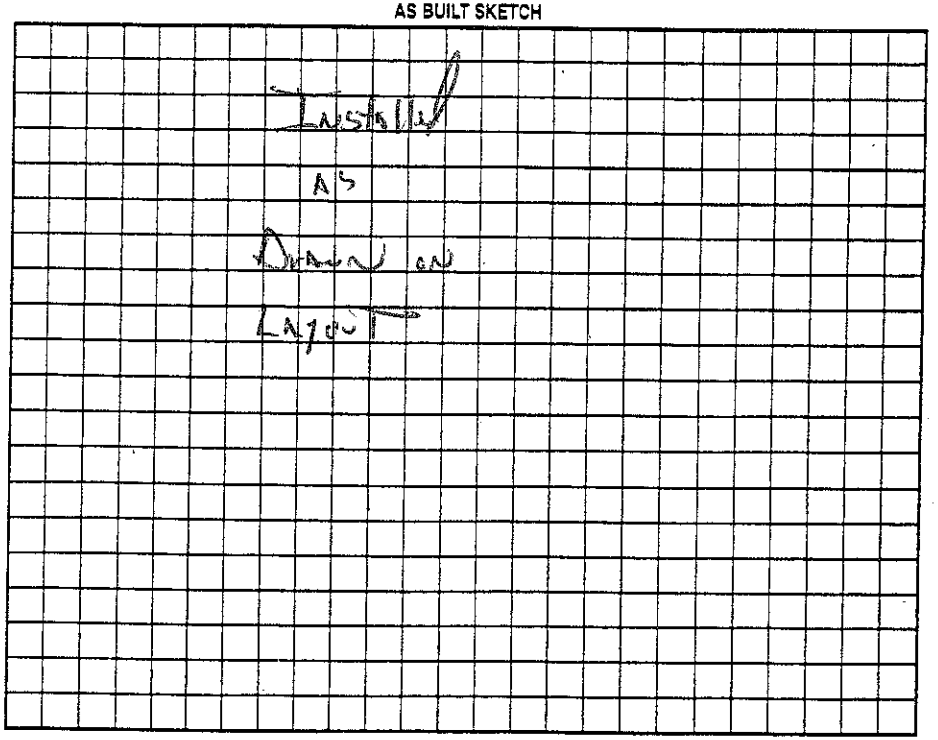
Comments:/Conditions: Follow contour / Honor all setbacks.

Comments:/Conditions: Filter installed. /

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: Coleen P. Henry date 6/20/08 Installed by: A-1

Improvement Permit by: _____, R.S. date 20 June 08 Operation Permit by: _____, R.S. date 20 June 08

Authorization to Construct by: _____, R.S. date 20 June 08 Existing System Inspection by: _____ date _____

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