IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 15165 PIN# ~~4711228701~~ 4711228101 DATE 7-29-08

OWNER OR APPLICANT Foster - Ruth Carnathan PHONE: Business _____ Home _____

ADDRESS 211 Harbor Ridge Drive Statesville NC 28116

LOCATION Buffalo Shoals Rd to Laurel Cove Rd to Agribusiness to Harbor Watch to Harbor Ridge on left

SUBDIVISION Harbor Watch BLOCK / SECTION 1 LOT 125 LOT AREA 1.68 SITE CLASS. B DESIGN FLOW 480 L.T.A.R. Existing (3)

Septic Tank: 1000 Gallons; STB 714 Date 12-28-02

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400

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

☑ ~~New System~~ Existing ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Graded

Repair System Description: 25% Graded

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

24" trench depth

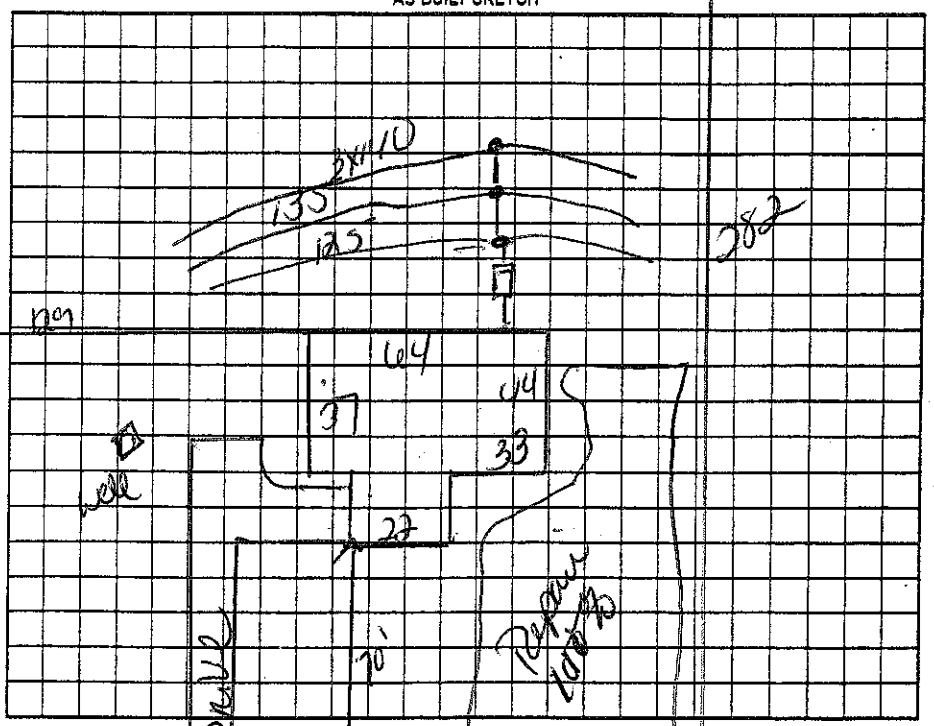
No evidence of failure at time of inspection

Comments:/Conditions:

Lake

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 _____ Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Kelly Cook date 7-29-08

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