IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 138352 PIN# 4712349614.032 430816 DATE 4 Oct. 06

OWNER OR APPLICANT Jerry Price PHONE: Business Same Home 704-878-6330

ADDRESS 239 Lewis Ferry Rd. Statesville, N.C.

LOCATION 133 Atwell Dr. Statesville, N.C.

SUBDIVISION Eufola Farms BLOCK / SECTION ____ LOT 32 LOT AREA 1.055 Ac. SITE CLASS. P3 DESIGN FLOW 360 gpd L.T.A.R. 0.3 gpd/ft²/day

Septic Tank: 1000 Gallons; STB 7P 1012-1000 Date 2-26-07

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 NA

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

System Description: 25% Reduction

Repair System Description: 50% Reduction - Pressure

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

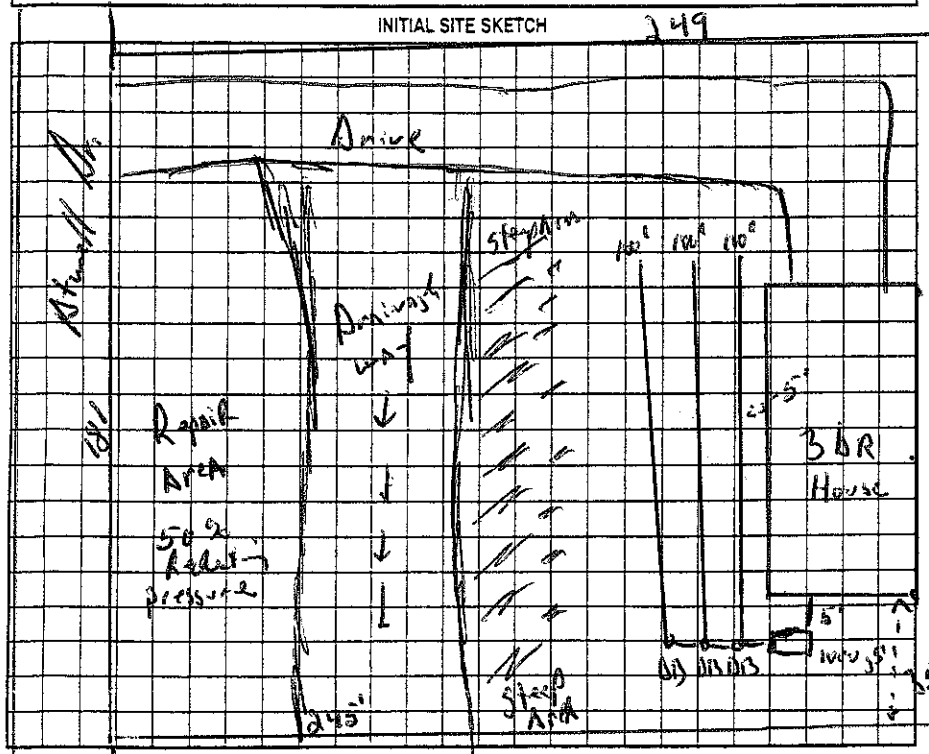
Water Supply: ☐ Individual ☑ Public ☐ Community

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

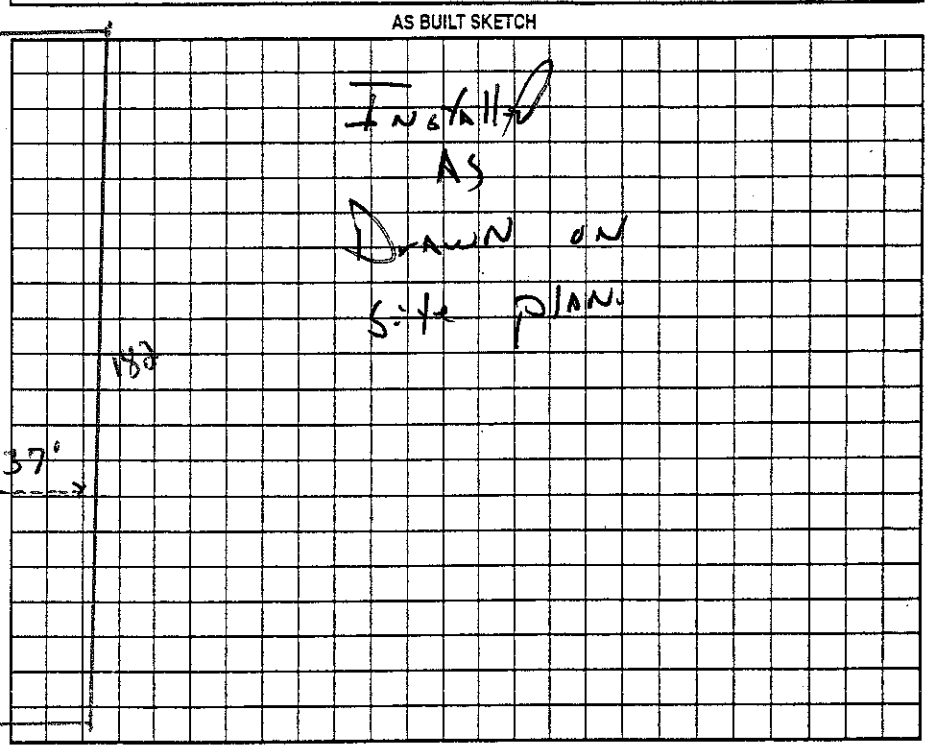
Comments/Conditions: Keep upslope as far as possible
(3) Drop Boxes
Keep out of steep area

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: Jerry Price date 10-4-06 Installed by: Dale Walton

Improvement Permit by: ____, R.S. date 4 Oct. 06 Operation Permit by: ____ R.S. date 8 August 07

Authorization to Construct by: ____, R.S. date 4 Oct. 06 Existing System Inspection by: ____ date ____

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