IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 130883 PIN# 4714-68-4709 78089 DATE 9-6-05

OWNER OR CONTRACTOR Larry Curtis PHONE: Business _____ Home 704-872-9004

ADDRESS 631 Deborah Ford RD Statesville NC 28625

LOCATION I-40 - Ex 148 TR go to Traffic light (TL) Island Ford RD Property 2 miles on Lft 631

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 7+AC SITE CLASS B DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB ~~9-16-05~~ Date 9-10-05

Pump Tank: _____ Gallons; PT 294 Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields _____ Square Feet 1200 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☐ New System ☐ Repair 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 3

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other _____

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

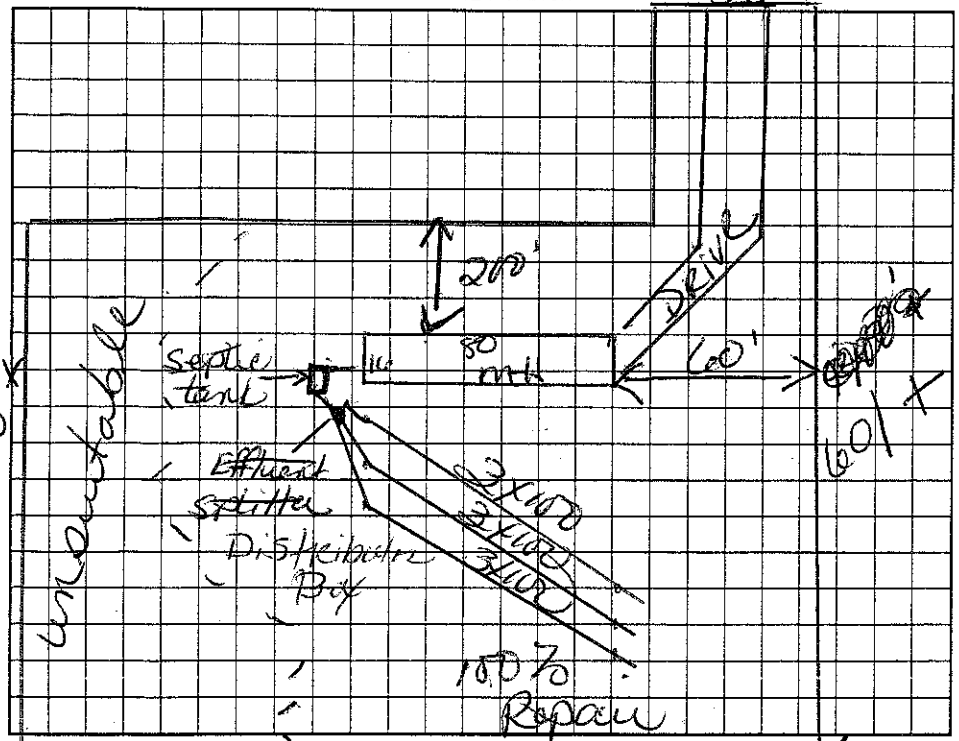
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: Install on contour Maintain all setbacks

Comments:/Conditions: Use Effluent splitter

Not to Scale

INITIAL SITE SKETCH



AS BUILT SKETCH

Red poly/sock filter installed
Septic tank riser installed

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: Larry D. Curtis date _____ Installed by: Barry Sigmon

Improvement Permit by: [signature] date 9-6-05 Operation Permit by: [signature] date 10-14-05

Authorization to Construct by: [signature] date 9-6-05 Existing System Inspection by: _____ date _____

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