3 Dr

(143766 Changed by Zoning)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~M3~~ 143766 PIN# ~~4715536353~~ 4715542069 DATE 7-25-07

OWNER OR APPLICANT C&D Excavating LLC PHONE: Business _____ Home 704-902-8735

ADDRESS 118 S Amos Trail W. Statesville NC 28625

LOCATION 64W TO Woodbridge Sub Lot on Right

SUBDIVISION Wood Bridge BLOCK / SECTION 2 LOT 60 LOT AREA 1.62 SITE CLASS. RS DESIGN FLOW 480 L.T.A.R. .25

Septic Tank: 1000 Gallons: STB 925 Date 7-9-08

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 1920 Linear Feet 480

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% Conv

Repair System Description: 25% pump

Maintenance Agreement Required: ☐ Yes ☐ No

☐ Gravity ☐ Pressure

☐ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

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

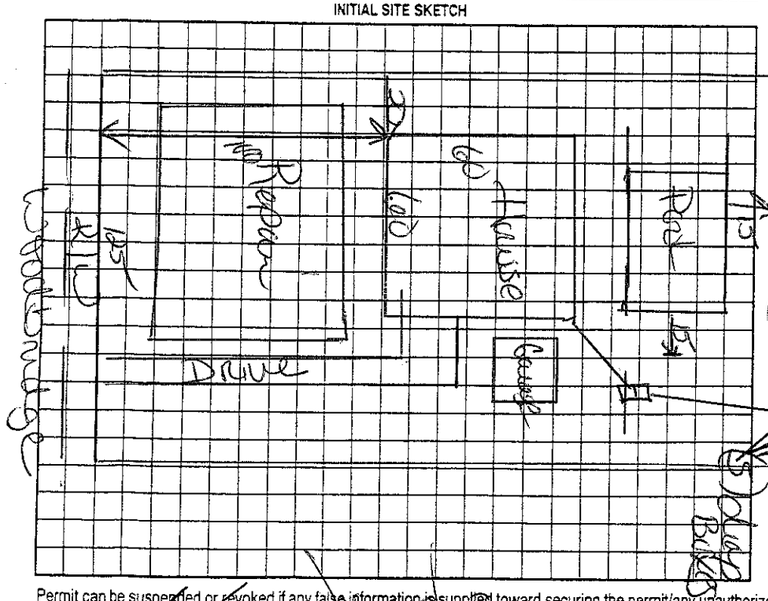
Comments:/Conditions:

Install on Contour
Maintain all setbacks

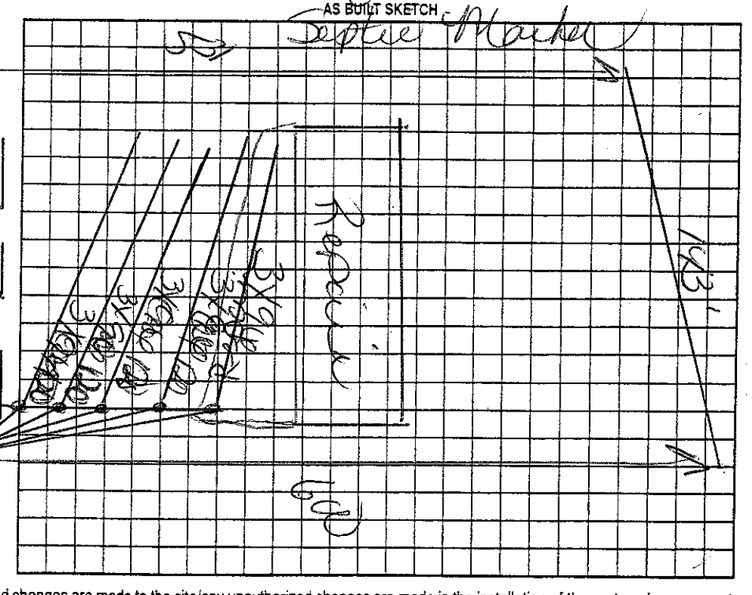
Comments:/Conditions:

Scarify Side Walls
Blue Subsite

INITIAL SITE SKETCH



AS BUILT SKETCH - Septic Marker



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 5/19/08

Improvement Permit by: _____ date 7/25/07

Authorization to Construct by: _____ date 5/19/08

Installed by: Rowan Septic

Operation Permit by: _____ date 9-2-08

Existing System Inspection by: _____ date _____

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