IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 43770 PIN# 4715536543 4715543344 DATE 1-25-07

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

ADDRESS 118 Sams Trail Lane Statesville NC 28625

LOCATION 64W to Woodbridge Jr Eaton left

SUBDIVISION Wood Bridge BLOCK / SECTION 2 LOT 8 LOT AREA 1.268 SITE CLASS. RS DESIGN FLOW 480 L.T.A.R. .13

Septic Tank: 1000 Gallons; STB 825 Date 25-07

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 4 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% Crawl

Repair System Description: 25% Mound

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons 3 No. Employees ____

Water Supply: ☐ Individual ☑ Public ☐ Community

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

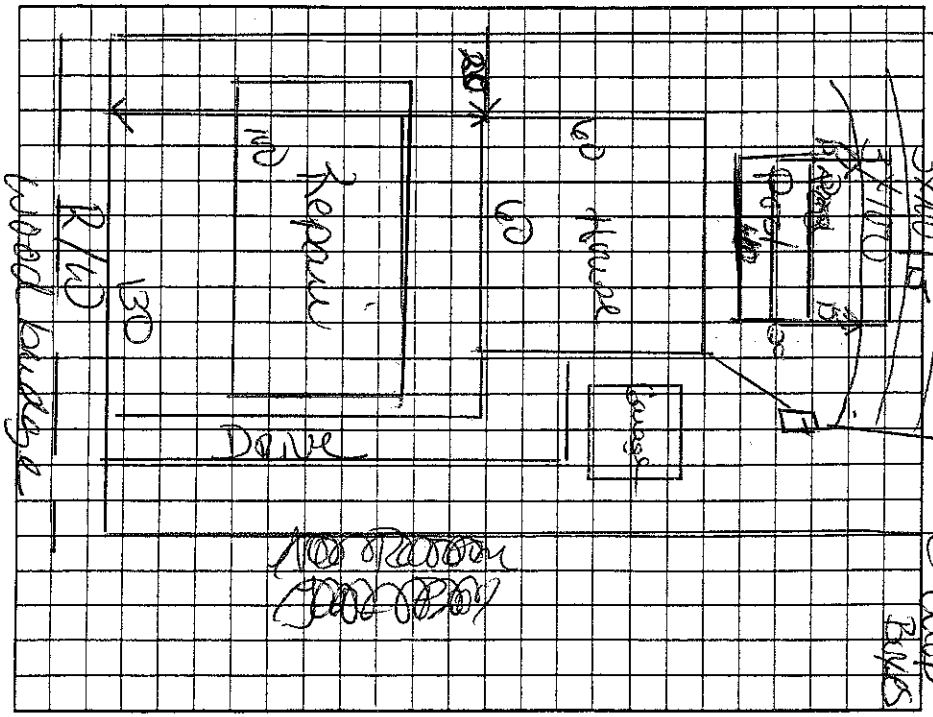
Comments:/Conditions:

Install on Contour
Maintain all setbacks

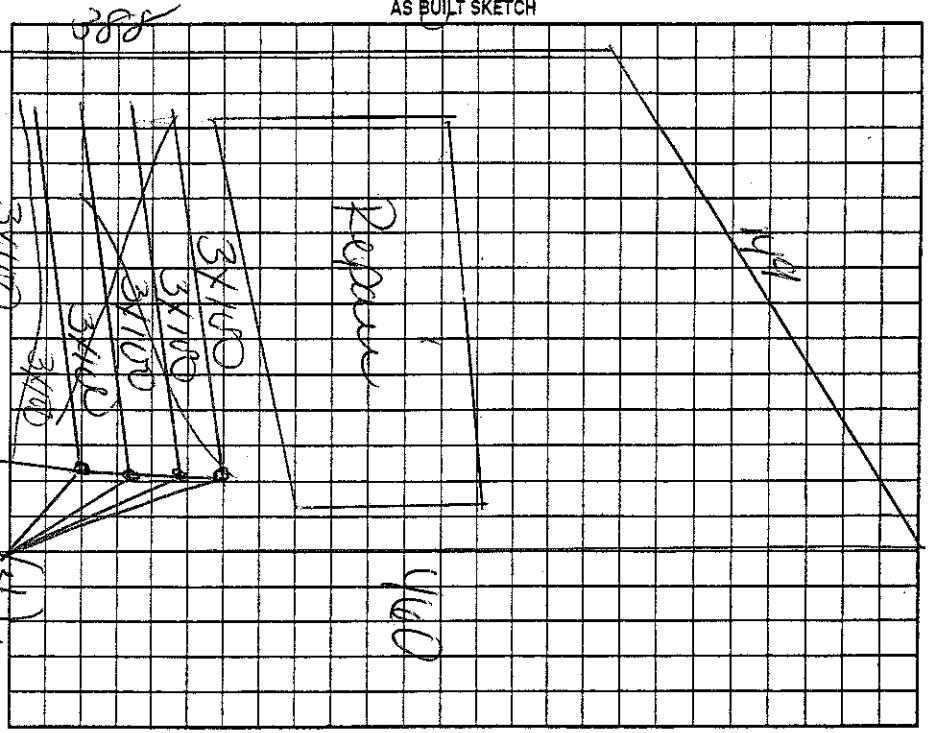
Comments:/Conditions:

Scarify Sidewalls
Blue tube tile

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: Owen Septic

Improvement Permit by: [signature] date 1-25-07 Operation Permit by: [signature] date 3-20-08

Authorization to Construct by: [signature] date 11-1-07 Existing System Inspection by: ____ date ____

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