IREDELL COUNTY HEALTH DEPARTMENT

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

CI

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

PERMIT# 128880 PIN# 4722465460 11 DATE 9-27-06

OWNER OR APPLICANT Marvin Warman PHONE: Business 704-878-5143 Home 704-528-9616

ADDRESS 122 Compton Park Statesville NC 28677

LOCATION Flow (L) Old Mtn Rd (R) Compton Park (R) Wright LN Property on Right

SUBDIVISION AF Troutman Est BLOCK / SECTION ______ LOT 126 LOT AREA 1.5 SITE CLASS: PS DESIGN FLOW 360 L.T.A.R. .250

Septic Tank: 1000 Gallons; STB 1012 Date 3-4-06

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields ______ Square Feet 1440 Linear Feet 360

No Lines 7 Trench Width 36" Max Trench Bottom Depth 30 Gravel Depth NA ☑ Gravity ☐ Pressure

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

System Description: 25% Gravity

Repair System Description: 25% Pump

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 3 No. Persons ______ No. Employees ______

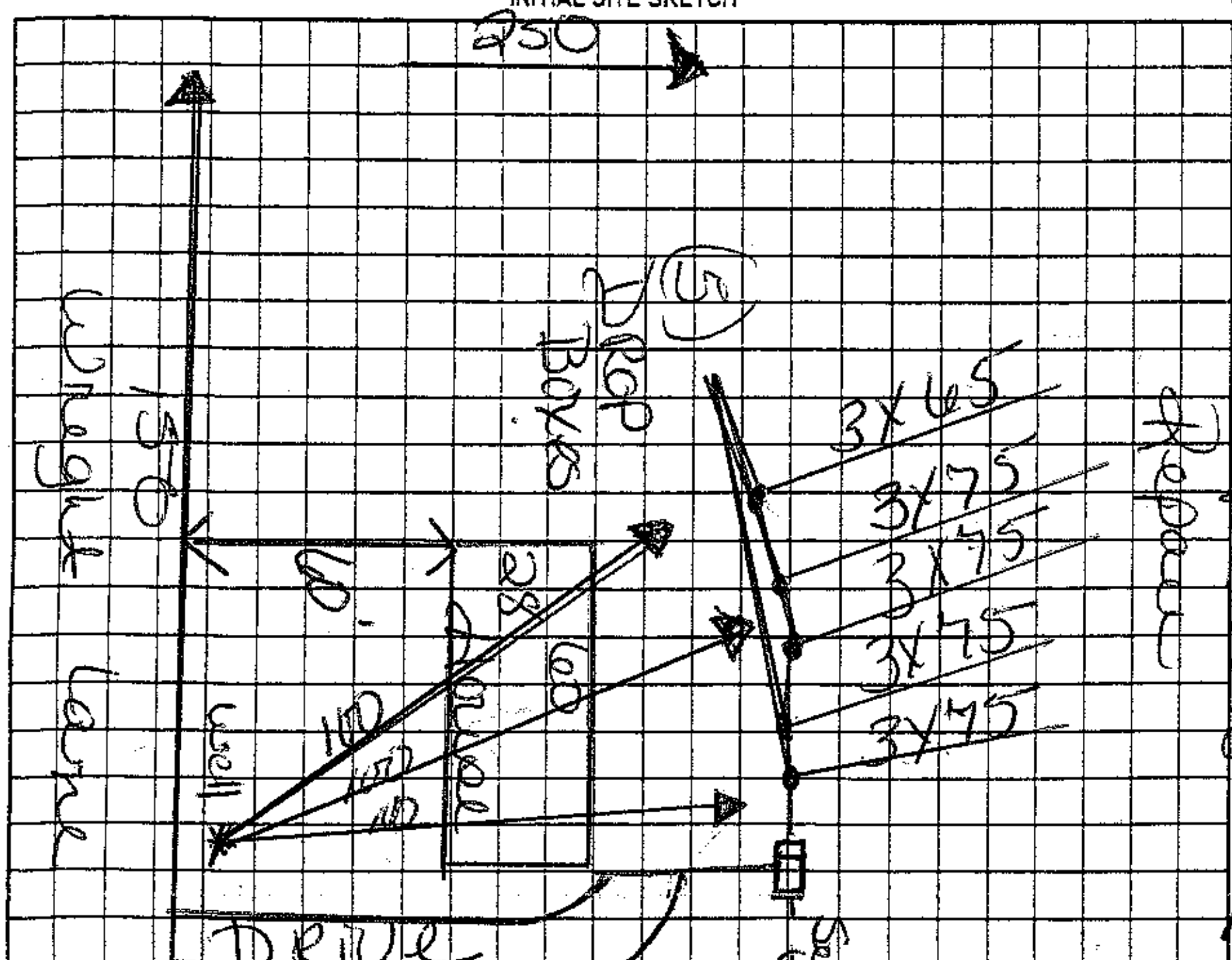
Water Supply: ☑ Individual ☐ Public ☐ Community

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

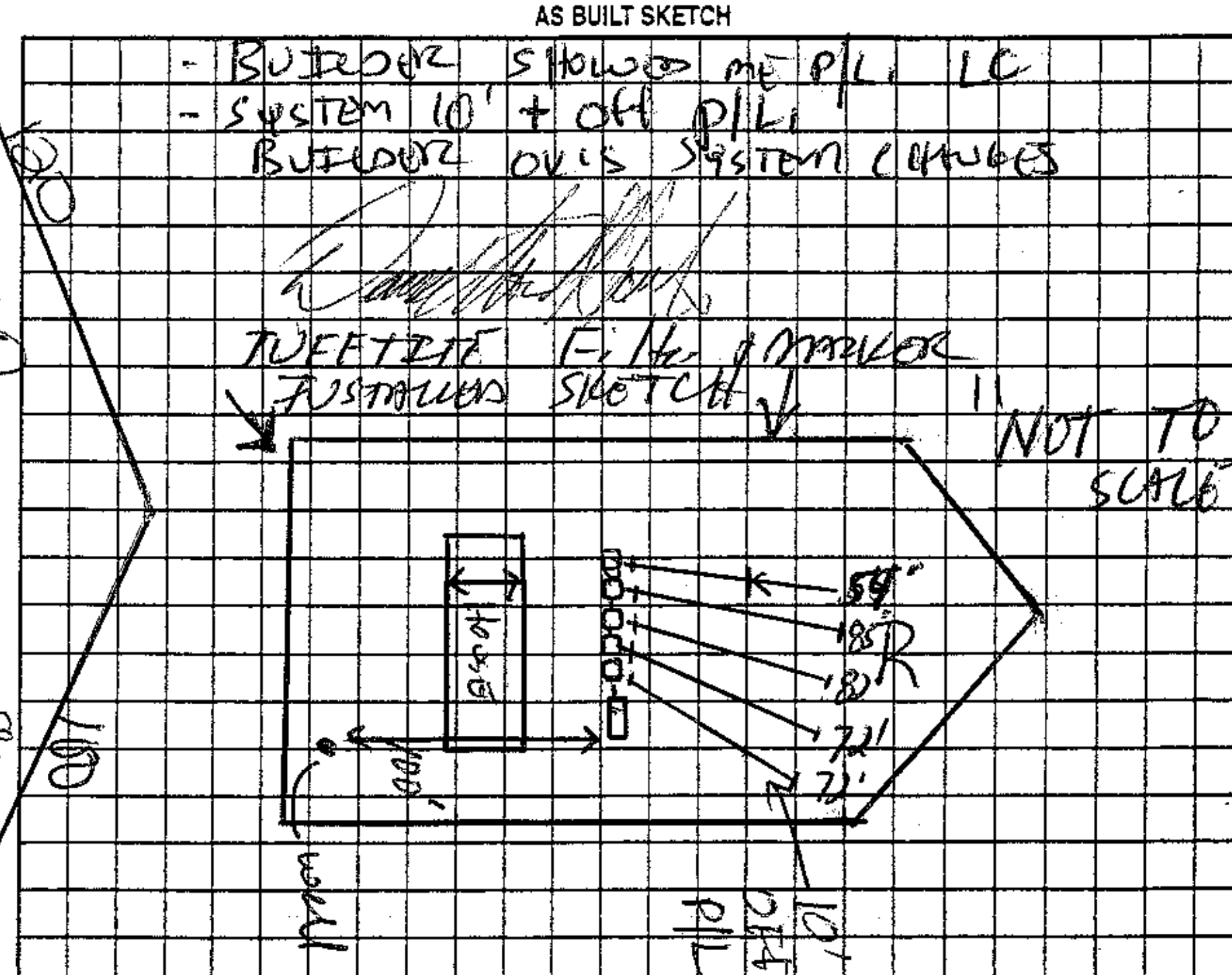
Comments:/Conditions: Keep septic system a minimum of 100' from well

Comments:/Conditions: Maintain all setbacks. Install on contour

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: Craig Thompson

Improvement Permit by: ______ date 9-27-06 Operation Permit by: ______ date 10-6-06

Authorization to Construct by: ______ date 9-27-06 Existing System Inspection by: ______ date ______

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