IREDELL COUNTY HEALTH DEPARTMENT

CI

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

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

PERMIT# 143023 PIN# 4723 85 6276 DATE 6/28/07

OWNER OR APPLICANT PERRY JENKINS PHONE: Business 704-872-0922 Home 704-902-1145 / 902-2041

ADDRESS 132 MOORE Drive Statesville NC 28625

LOCATION BUFFALO SHOALS Q Any 1 mile on LEFT LOT #3

SUBDIVISION Any Acres BLOCK / SECTION 1 LOT 3 LOT AREA .54AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 6-7-07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 60=1200' Linear Feet 300'

No Lines 3X100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: CONVENTIONAL 25% REDUCT

Repair System Description: CONVENTIONAL 50% REDUCT

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Persons 6 No. Employees _____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments/Conditions: (1) Applicant REQUESTED 25% REDUCTION SYSTEM (2) Install Lines on Contour & maintain SETBACKS (3) Mark Property LINES BY INSTALLATION

Comments/Conditions: BOWCO Filter & MARKER WELL NOT INSTALLED AT TIME OF CHECK

INITIAL SITE SKETCH

See ATTACHED SYSTEM DESIGN BY LONNIE COOK R.S.

AS BUILT SKETCH

System 10' OFF LEFT P/L THAT'S MARKED
LEAVING 20' OFF RIGHT P/L THAT'S MARKED.
USED END CAPS FOR DROP BOXES

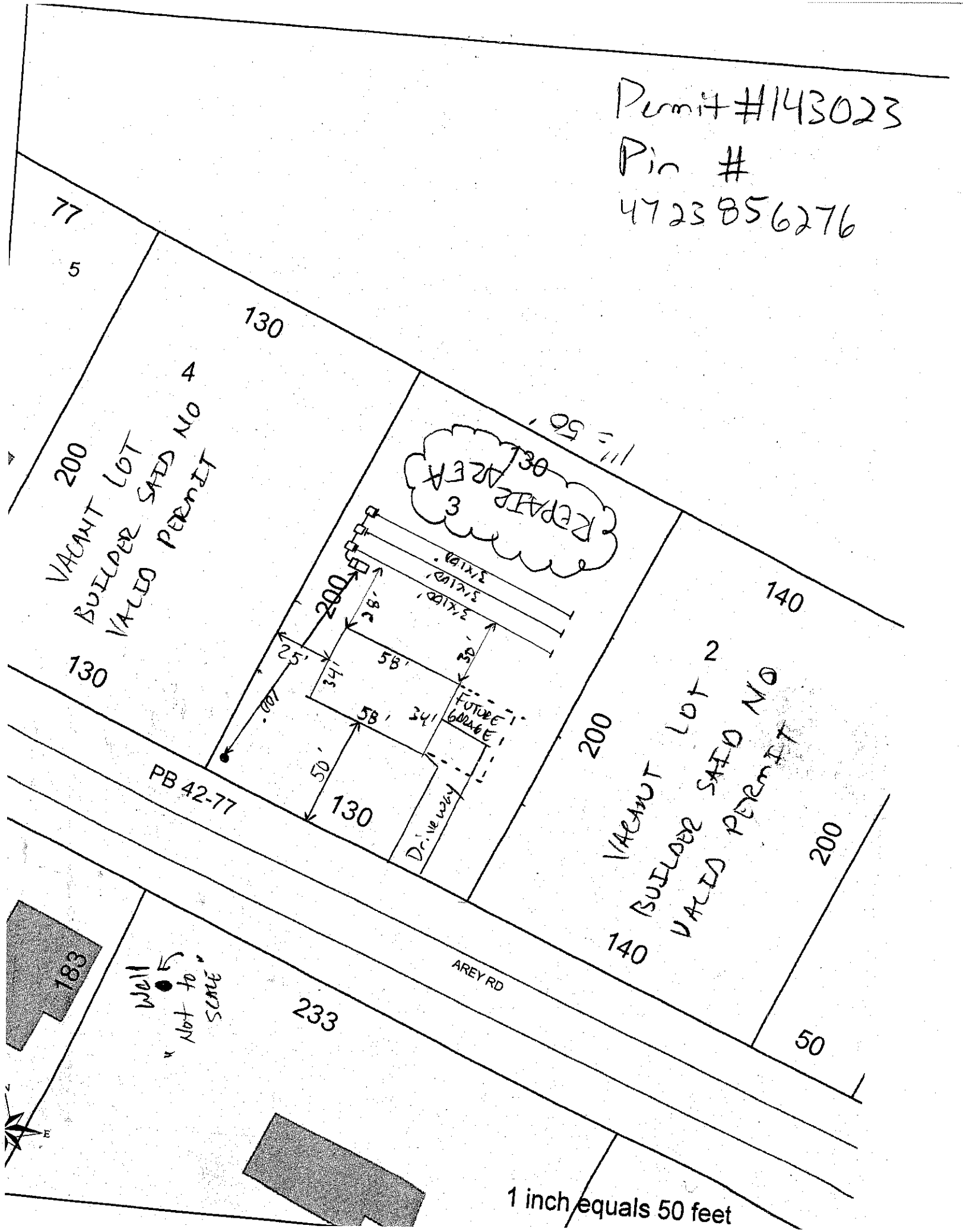
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan 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: TOMMY COTHRAN

Improvement Permit by: _____ date 6/28/07 Operation Permit by: _____ date 8-9-07

Authorization to Construct by: _____ date 6/28/07 Existing System Inspection by: _____ date _____

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


Permit #143023
Pin #
4723856276
77
5
130
4
VACANT LOT
BUILDER SAID NO
VALID PERMIT
200
130
130
3
REPAIR AREA
200
25'
100'
34'
58'
50'
FUTURE GARAGE
58'
34'
50'
130
Driveway
PB 42-77
200
140
2
VACANT LOT
BUILDER SAID NO
VALID PERMIT
140
200
50
AREY RD
183
Well
Not to scale
233
E
1 inch equals 50 feet