IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 4724-68-4530

OWNER OR APPLICANT KAREN T. CLARK PHONE: Business (704) DATE 1-25-08

ADDRESS 51 EAST MAIN STREET, MAIDEN NC 28650-1314 Home 873-5233

LOCATION GARNER BAGNAL BLVD TO BRISTOL ROAD TR WESTMINSTER RD, TR "D" STREET, 1ST HOUSE ON RIGHT

SUBDIVISION SHERRILL BLOCK / SECTION 1 LOT 239-243 LOT AREA 1'25'x130' SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: EXISTING Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet ~~600~~ 800 Linear Feet 200

No Lines TWO 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: _____

Repair System Description: 25% REDUCTION

Maintenance Agreement Required: ☐ Yes ☑ No

☐ Gravity ☐ Pressure

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

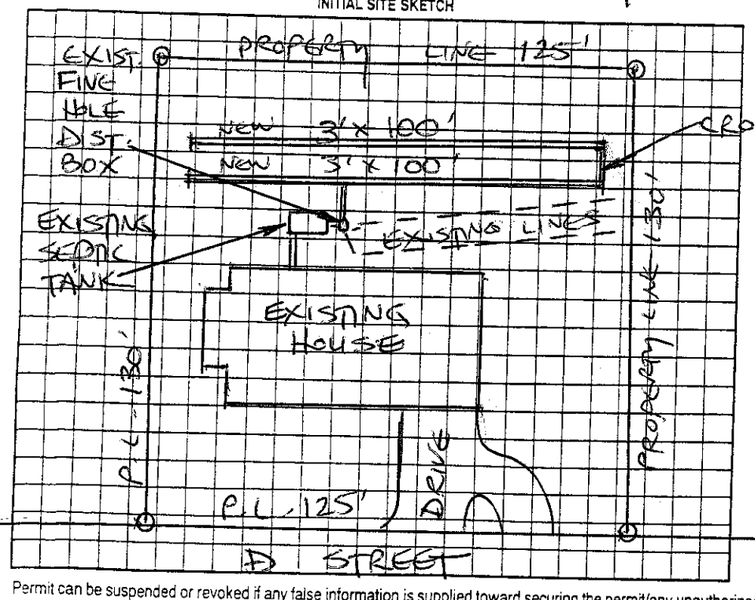
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: (1) INSTALL NEW 25% REDUCTION SYSTEM AS FLAGGED ON SITE USING SERIAL DISTRIBUTION (2) KEEP SYSTEM MINIMUM FIVE FEET FROM PROPERTY LINE

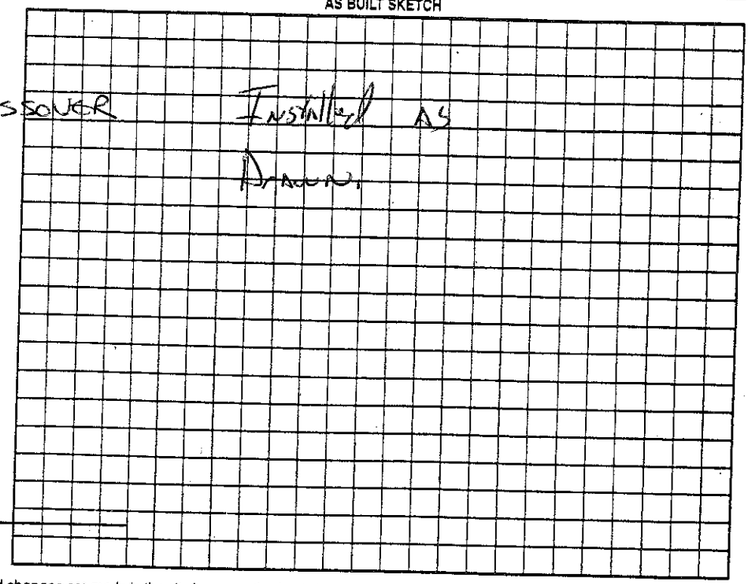
Comments:/Conditions:

* Strongly recommend guttering the house and diverting water away from drain field. TCH

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: Karen J Clark date 1-25-08 Installed by: Wes Lytton

Improvement Permit by: STEVE HENRICK date 1-25-08 Operation Permit by: _____ R.S. date 28 Feb. 08

Authorization to Construct by: STEVE HENRICK date 1-25-08 Existing System Inspection by: _____ date _____

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