# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 140814 PIN# 4725-64-7378 6385

OWNER OR APPLICANT Robert Combs PHONE: Business 704-902-0418 Home 828-632-6533 DATE 22 MARCH 07

ADDRESS 107 Walker Foundary Loop Taylorsville, N.C.

LOCATION 301 Monticello Dr. Statesville, N.C.

SUBDIVISION Timberbrook BLOCK / SECTION ____ LOT 29 LOT AREA ____ SITE CLASS. ____ DESIGN FLOW 360 g/d. L.T.A.R. 0.3 g/ft²/d

Septic Tank: 1000 Gallons; STB 160 Date 1-8-30-06

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

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% Reduction

Repair System Description: 50% Reduction. Pump

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

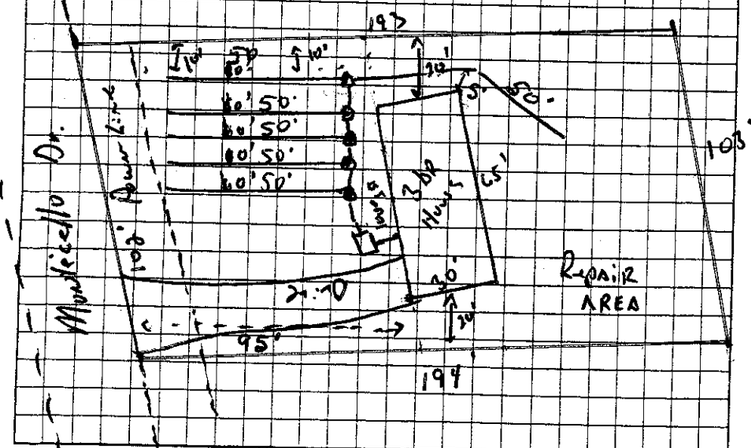
Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments/Conditions: Follow contour / use 5 drop-boxes

Comments/Conditions: 0 End-cap to end-cap

INITIAL SITE SKETCH




AS BUILT SKETCH

Install as Drawn

1" = 50'

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: Bobby Combs date 6-28-07

Improvement Permit by: J. Hayes, R.S. date 28 June 07

Authorization to Construct by: J. Hayes, R.S. date 28 Sept. 07

Installed by: Scott Green

Operation Permit by: J. Hayes, R.S. date 29 Sep. 08

Existing System Inspection by: ____ date ____

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