IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 140822 PIN# 4725-[illegible]64-[illegible] 7378 DATE 22 MARCH 07

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

ADDRESS 107 Walker Foundry Loop Taylorsville, N.C.

LOCATION 297 Monticello Dr Statesville, N.C.

SUBDIVISION Timberbrook BLOCK / SECTION ____ LOT 28 LOT AREA ____ SITE CLASS PS DESIGN FLOW 360 g/d L.T.A.R. 0.3 g/ft²/d

Septic Tank: 1000 Gallons; STB 160 Date 1-30-08
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet = 1200 Linear Feet 300
No Lines ____ Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Reduction
Repair System Description: 50% Reduction
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☐ Individual ☑ Public ☐ Community

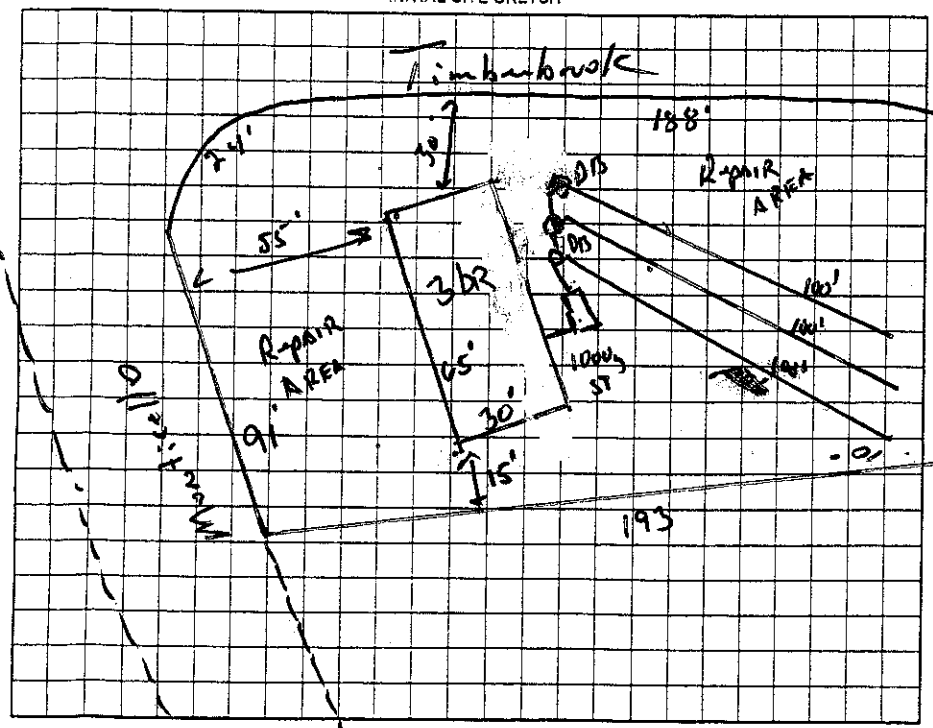
Gravel Depth NA ☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Follow Contour

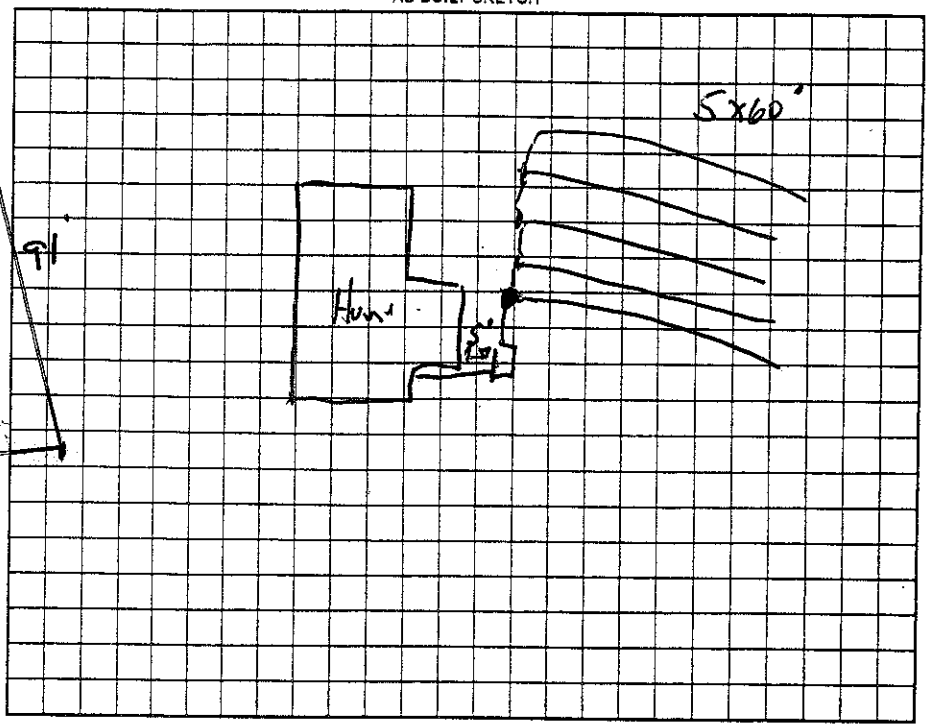
1" = 50'

Comments:/Conditions:

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: Bobby Combs date 6-28-07 Installed by: Scott Green

Improvement Permit by: [signature] R.S. date 28 June 07 Operation Permit by: [signature] R.S. date 25 Apr 08

Authorization to Construct by: [signature] R.S. date 28 Sept 07 Existing System Inspection by: ____ date ____

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