IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12631 PIN# 4726025340 DATE ~~8-14-06~~ 8-14-06

OWNER OR APPLICANT TBJ Properties LLC PHONE: Business 704 902 4618 Home 704-876-1984

ADDRESS 413 Miller Farm Rd Statesville NC 28625

LOCATION 115N to Scotts Creek RD to Celtic Ridge Dr on Nathaniel Brady ~~Straight~~ Straight across

SUBDIVISION Celtic Ridge BLOCK / SECTION ____ LOT 21 LOT AREA .463 SITE CLASS. RS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012 Date 9-17-00
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

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Red. - Gravity
Repair System Description: 50% Low Pres
Maintenance Agreement Required: ☐ Yes ☐ No

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

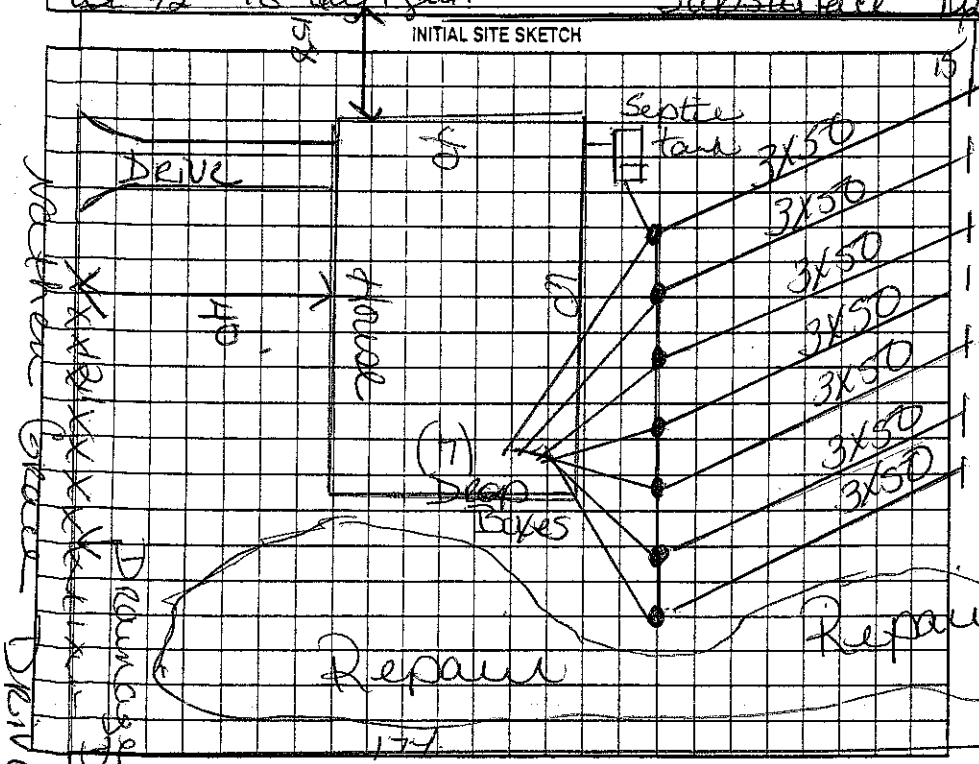
Water Supply: ☐ Individual ☑ Public ☐ Community

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

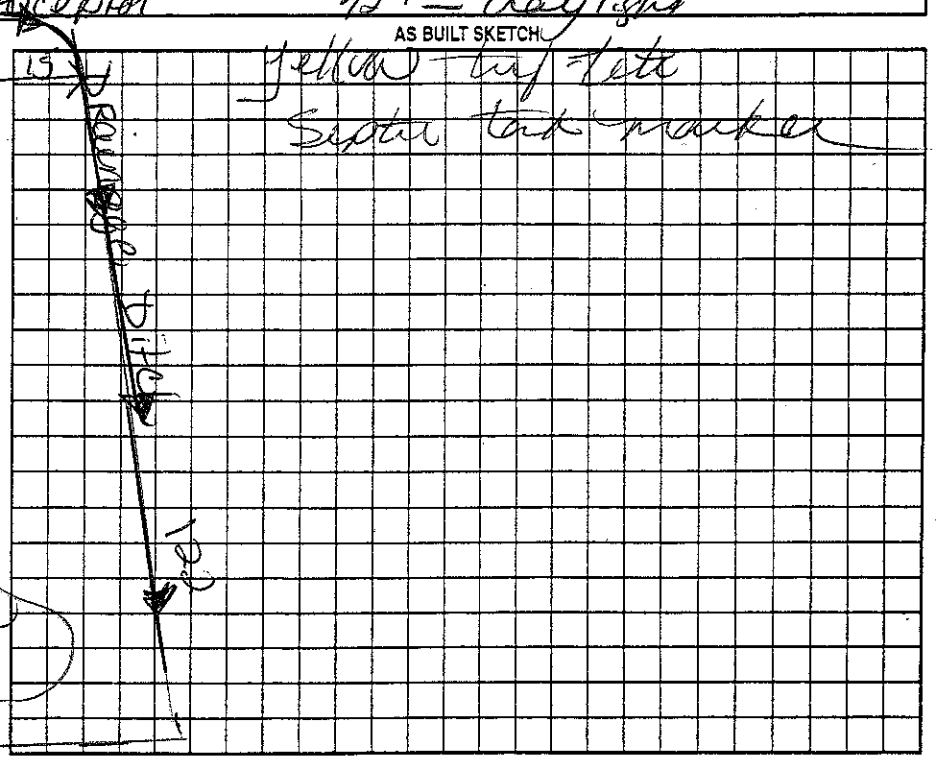
Comments/Conditions: Install on Contour - Maintain all setbacks Install subsurface DRAINage ditch at 42"-48" daylight Subsurface Interceptor

Comments/Conditions: DRAIN to be installed at location showed on permit 42"+ daylight

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: James C Nelson date ____ Installed by: Steve Jordan

Improvement Permit by: Kelly Cook date 8-14-06 Operation Permit by: Kelly Cook date 8-15-06

Authorization to Construct by: Kelly Cook date 8-14-06 Existing System Inspection by: ____ date ____

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