IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139466 PIN# 4726907464 DATE 2 January 07

OWNER OR APPLICANT Builmate PHONE: Business 704-301-9935 Home 6am

ADDRESS 295 Treehawk Rd. Statesville N.C.

LOCATION 183 Ethel Ln. Statesville, N.C.

SUBDIVISION Woodrose BLOCK / SECTION ____ LOT 18 LOT AREA 0.731 Ac. SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. 0.3 gpd/ft²

Septic Tank: 1000 Gallons; STB Short 760 Date 2-30-07
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet = 1200 Linear Feet 300
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A ☑ Gravity ☐ Pressure

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

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

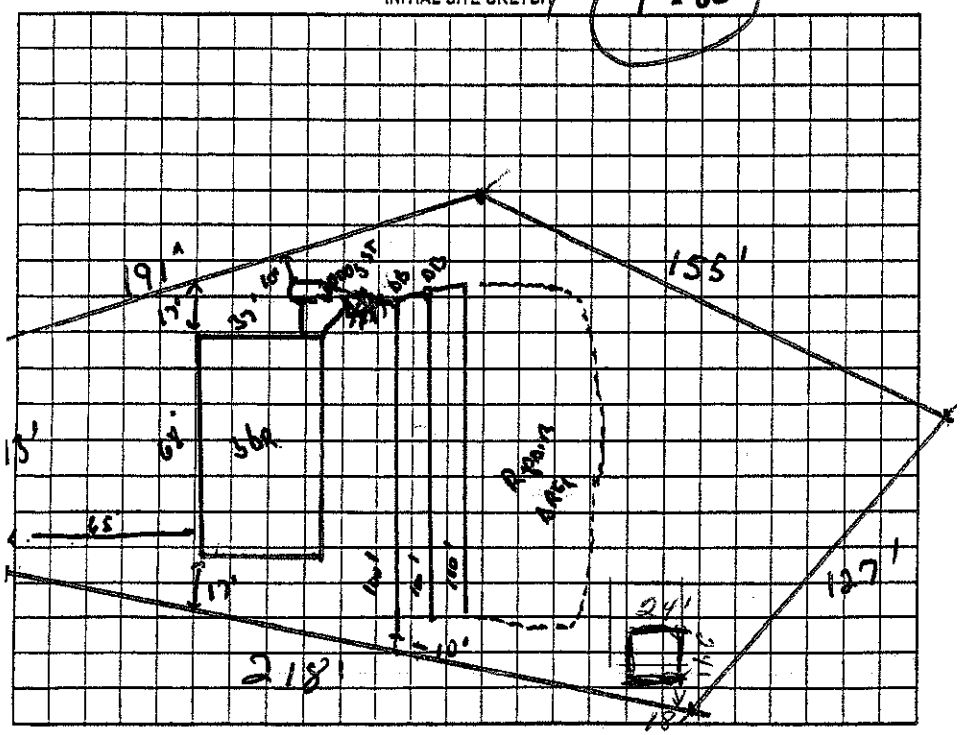
Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments:/Conditions: Follow contour / use 2 drop-boxes

Comments:/Conditions: Filter installed.

INITIAL SITE SKETCH 1" = 60'



AS BUILT SKETCH

* Installed As Drawn on initial site plan.
* Drop boxes installed.

The proposed outbuilding / storage addition does not appear to impact the existing septic system. 24'x24'
**NOTE: ≤ 18' off marked corner with structure

R.S.
Date: 11/21/08
ICHD-Environmental Health Division

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: Owner date ____ Installed by: Kenny Madison

Improvement Permit by: ____, R.S. date 2 Jan. 07 Operation Permit by: ____, R.S. date 5 June 07

Authorization to Construct by: ____, R.S. date 2 Jan. 07 Existing System Inspection by: ____ date ____

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