IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 147112 PIN# 4726-92-9778

OWNER OR APPLICANT Darrell C. Jones PHONE: Business 704-902-4336 Home 704-876-2596 DATE 20 May 08

ADDRESS 179 Cleve Ln. Statesville

LOCATION Hwy 115 - Turn Scotts Creek Rd TR old Wilkesboro Rd - TL Nikki Ln.

SUBDIVISION Brandy's Acres BLOCK / SECTION ____ LOT 3 LOT AREA 1.02 Ac. SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. 0.3 / FT²/d

Septic Tank: 1000 Gallons: STB 1087 Date 5-1-08

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 4 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: 25% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

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

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: Follow contour / Honor all setback requirements.

Comments/Conditions:

INITIAL SITE SKETCH

Please see Attached Site Plan

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: Brandy A. Jones date 5/1/08

Improvement Permit by: ____ R.S. date 20 May 08

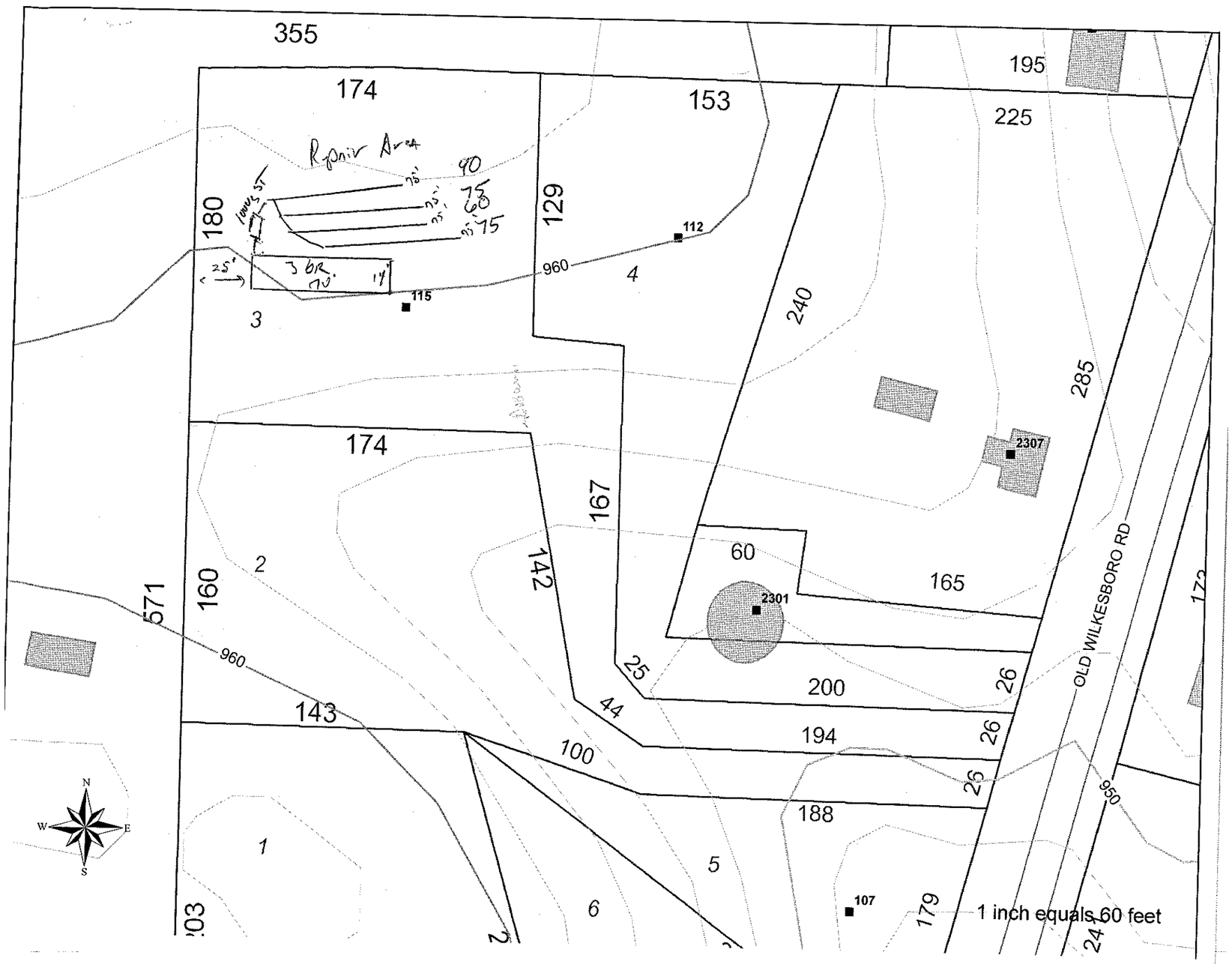
Authorization to Construct by: ____ R.S. date 20 May 08

Installed by: Derrick Barnes

Operation Permit by: ____ date 5-30-08

Existing System Inspection by: ____ date ____

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


355
174
153
195
225
Repair Area
40
75
60
75
180
129
112
960
4
3 BR
115
3
240
285
174
167
2307
60
165
2301
2
160
571
142
25
26
200
44
194
26
26
OLD WILKESBORO RD
960
143
100
188
1
5
6
107
179
1 inch equals 60 feet