IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (01) MOORESVILLE 704-664-5281

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

PERMIT# 13024 3 PIN# 4728-50-3427 505923 DATE 8-8-05

OWNER OR CONTRACTOR Guette Forehand PHONE: Business 878-8682 Home 704-876-0630

ADDRESS 143 Granny Trail Lane Statesville NC 28625

LOCATION 115 N (R) Cedar RD (R) Cedar RD (R) Granny trail 3rd lot on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.32 AC SITE CLASS. IS DESIGN FLOW 360 L.T.A.R. 3

Septic Tank: 1000 Gallons; STB 1007 Date 12-6-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 360 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☐ New System ☑ Repair System Type: I, II, III, IV, V, VI

System Description: ~~Conventional~~ Chamber

Repair System Description: 25% - Chamber

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ___

☐ Other _____

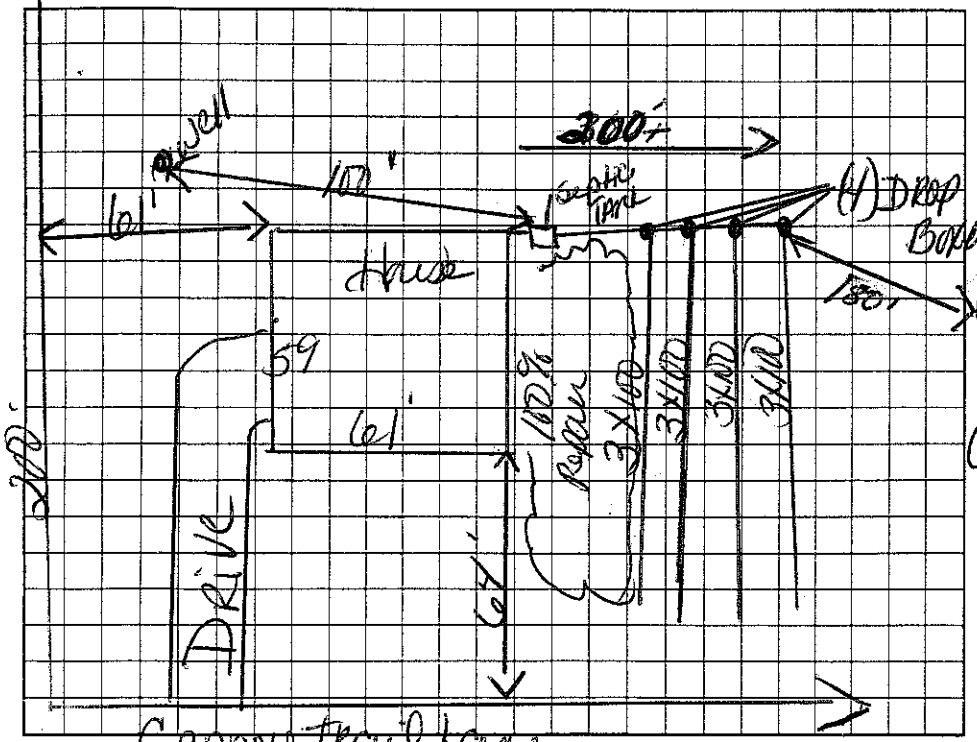
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

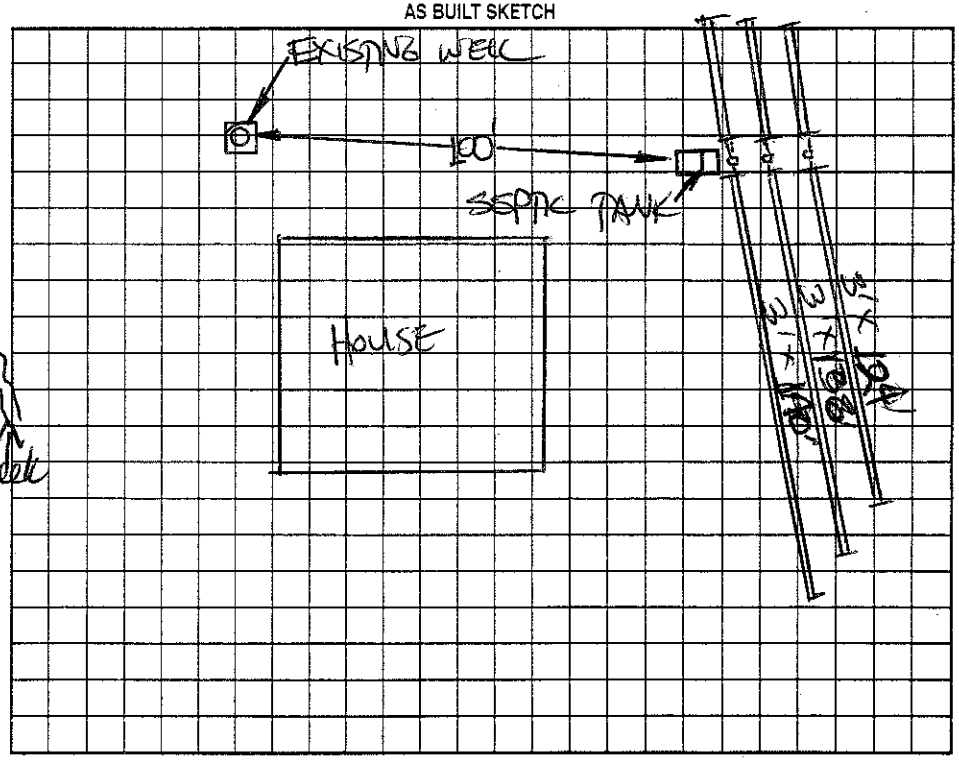
Comments:/Conditions: Install On Contour
Maintain 100' from well
350

Comments:/Conditions: (1) SYSTEM ALTERED TO ACCOMMODATE 4BR WITH PRIOR HEALTH DEPT. APPROVAL (2) SEPTIC TANK W/ RISERS & MARKER INSTALLED USING "FABEL" FILTER

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: _____ date 8/9/05 Installed by: JAMES HUDLER

Improvement Permit by: _____ date 8-8-05 Operation Permit by: STEVE HENDRICK date 4-16-06

Authorization to Construct by: _____ date 8-8-05 Existing System Inspection by: _____ date _____

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