IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 86417 or (13023A) PIN# 4730654993 or (4730655519) 4730654969 DATE 8-22-05

OWNER OR CONTRACTOR L. & Measter PHONE: Business 704-528-6840 Home 704-528 9255

ADDRESS 997 Perth RD Statesman NC

LOCATION Perth RD ⇒ Past Statepark on left after Measter Rd

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. R5 DESIGN FLOW 360 L.T.A.R. .33

Septic Tank: 1000 Gallons; STB KH Date 9-7-99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 1080 Linear Feet 360

No Lines 2 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 6"

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

System Description: Gravity Conv

Repair System Description: Gravity 25-50%

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ___

☐ Business No. Employees ___

☐ Other _____

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

Water Supply: ☑ Individual ☐ Public ☐ Community

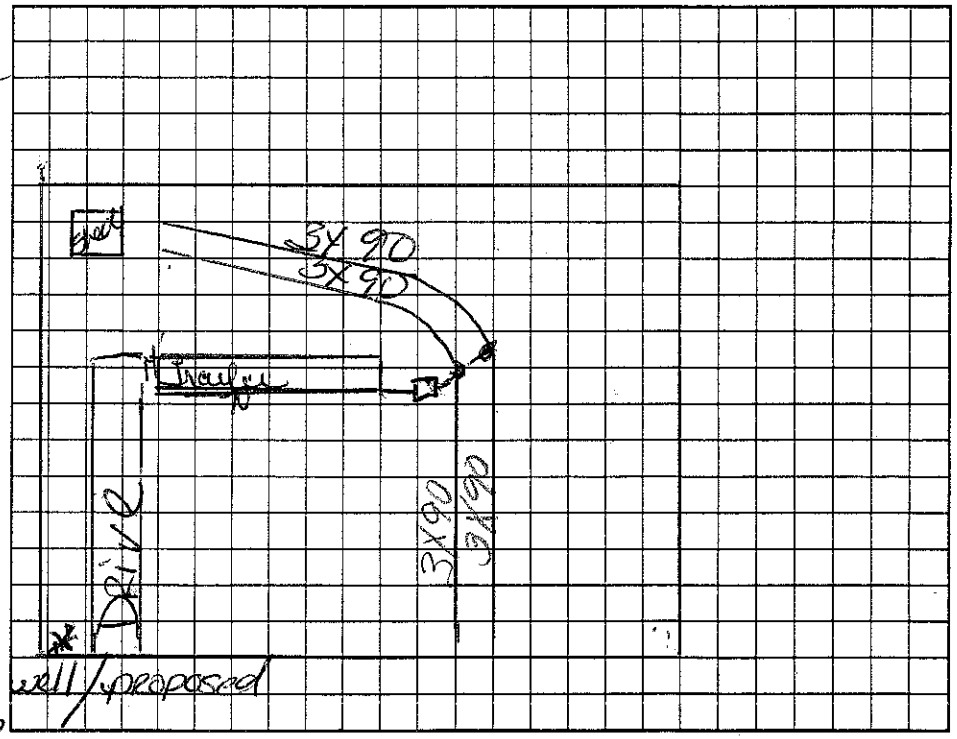
Comments:/Conditions:

Comments:/Conditions:
Septic tank with Risers

INITIAL SITE SKETCH

Existing Septic for 3BR-House
Without basement—
If Basement—Call
for Reduction!
K Cook
Called -8-23-05
Could have basement
without plumbing—but
maintain 15' setback
K Cook

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 _____ Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Kee J Cook date 8-22-05

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