IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # Repair PIN # 4732-19-2352 DATE 1-16-09

OWNER or APPLICANT Russel Isenhour PHONE: Business Home: 704-450 1693

OWNER or APPLICANT ADDRESS 1668 Wallace Spring Statesville 28677

LOCATION / DIRECTIONS Old NC 21 to Wallace Spring 1668 on left

SUBDIVISION BLOCK / SECTION LOT # LOT AREA #7 DESIGN FLOW 240 L.T.A.R. .3

Septic Tank Exist Gallons: STB Date

Pump Tank Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields No Lines Linear Feet 24

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth

☐ New System ☑ Repair ☐ Expansion System Type I II (III) IV V VI

System Description:

Repair System Description: 25% Graywater

Maintenance Agreement Required ☐ YES ☐ NO

☑ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms 2

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☐ Crawl Space

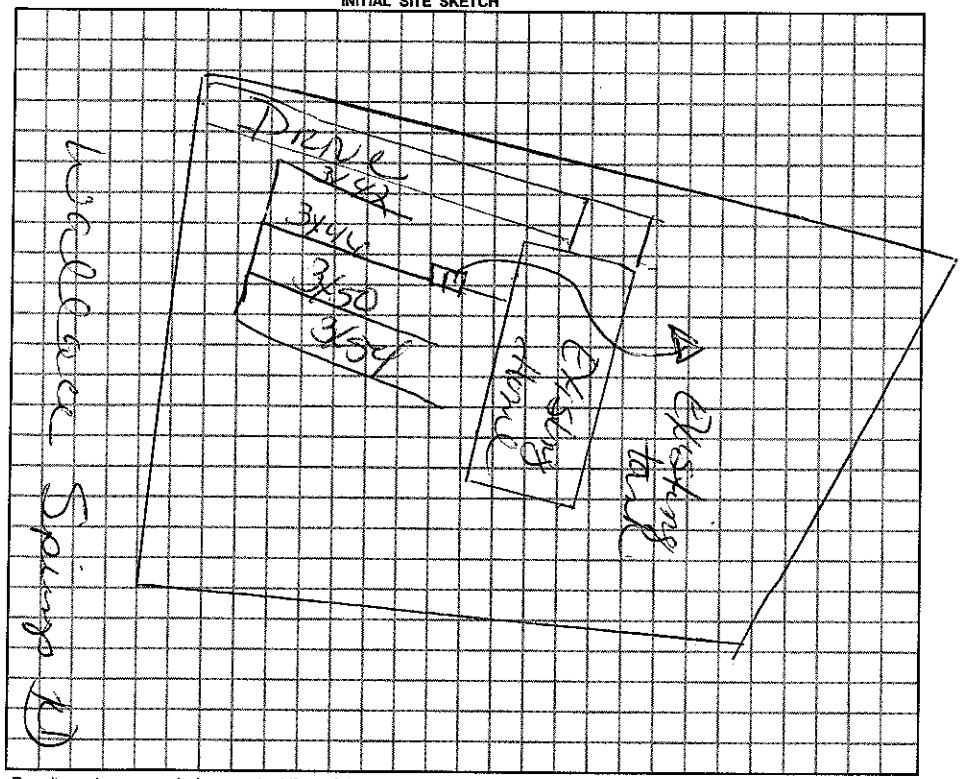
☑ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions

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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 w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☑ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: A I Boothroe Date

Improvement Permit by: Date 1-16-09

Authorization to Construct by: Date 1-16-09

Installed by: A I Boothroe

Operation Permit by: Date: 1-16-09

Existing System Inspected by: Date:

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant