(C1)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 145869 PIN# 4736-02-0562.004 1822 DATE 2 November 07

OWNER OR APPLICANT Darrell Jones PHONE: Business 704-902-3016 Home 704-876-3596

ADDRESS 179 Gilead Ln Statesville, N.C.

LOCATION Intersection of Scotts Creek Rd & Old Wilkesboro Rd

SUBDIVISION Brandy's Acres BLOCK / SECTION ____ LOT 4 LOT AREA 0.70 AC. SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. 0.54/472/day

Septic Tank: 1000g Gallons: STB ____ Date ____

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

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

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

Water Supply: ☐ Individual ☑ Public ☐ Community

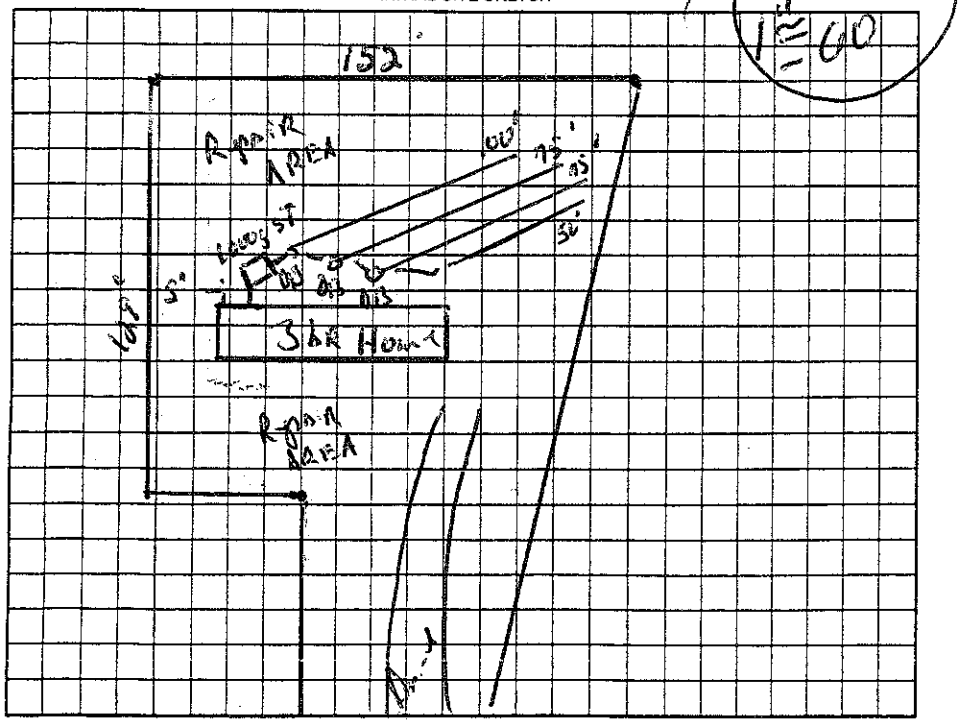
☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

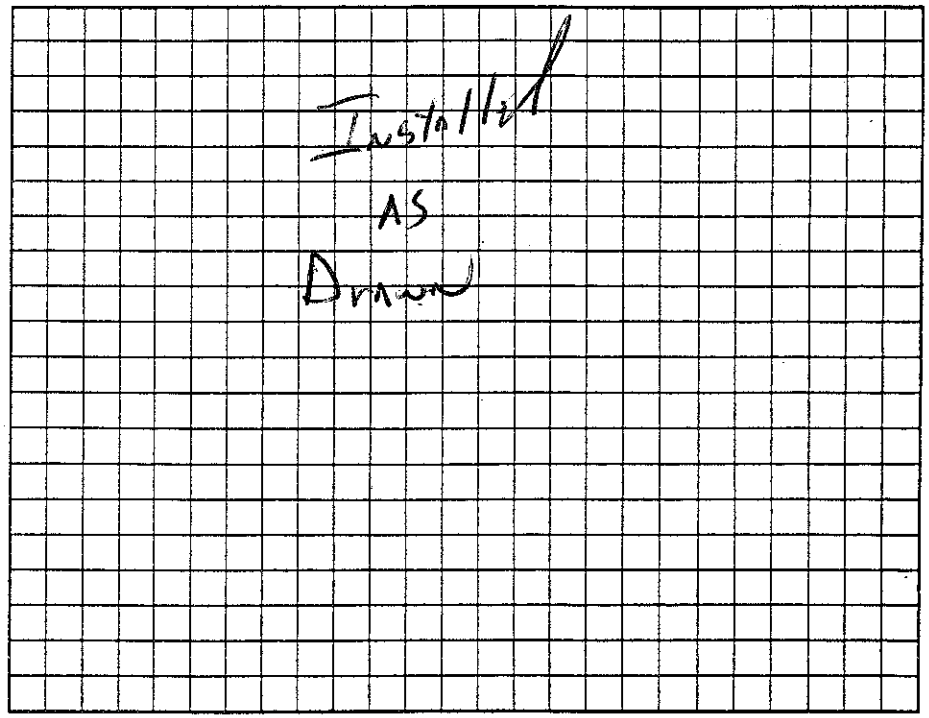
Follow contour / Honor all setback requirements. USE 3 drop boxes.

Comments:/Conditions:

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: Brandy Jones date 11-5-07

Improvement Permit by: [signature], R.S. date 2 Nov. 07

Authorization to Construct by: [signature], R.S. date 2 Nov. 07

Installed by: Darrell Barnes

Operation Permit by: [signature], R.S. date 7 Nov. 07

Existing System Inspection by: ____ date ____

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