# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 1-8211 PIN# ~~4736239669~~ 4736230886 DATE 2-21-08

OWNER OR APPLICANT Joseph Oshyan PHONE: Business _____ Home 704-872-7565

ADDRESS 160 Old Cotton Dr

LOCATION 115 N to 1st Drive NOAHS ARK DAYCARE At end of DRIVE

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 3

Septic Tank: 1000 Gallons: STB 825 Date 9-5-05

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 1200 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36

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

System Description: 25% GRADE

Repair System Description: 50% Low Pressure

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community

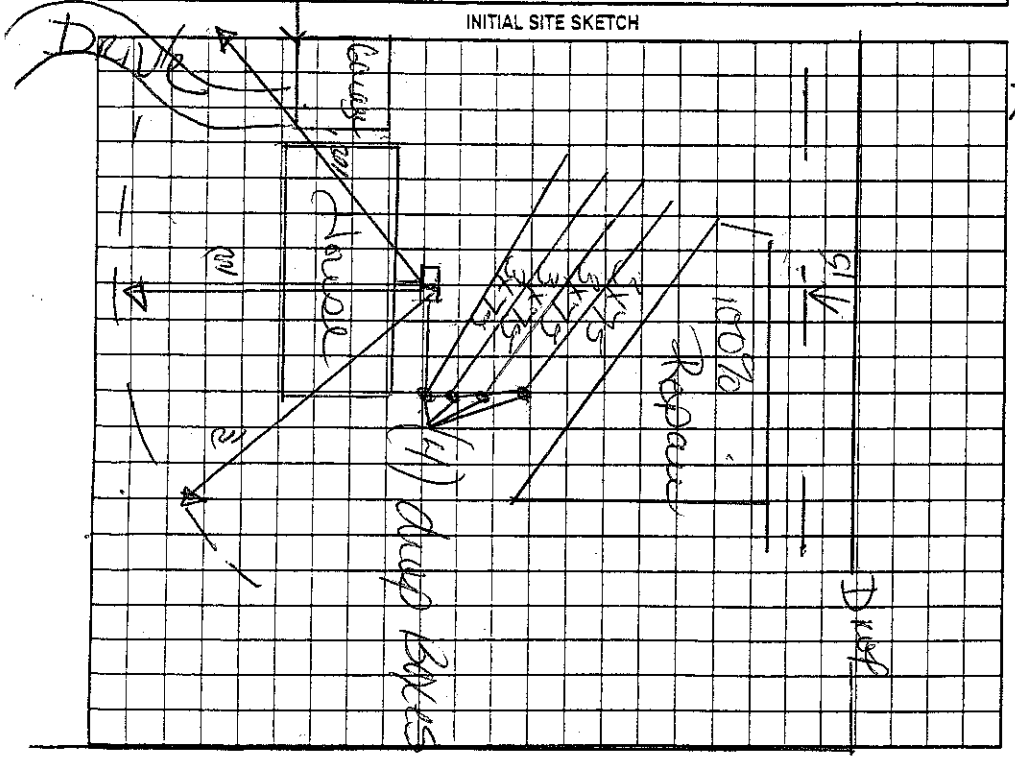
Gravel Depth _____ ☐ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Maintain all setbacks Graded on contour

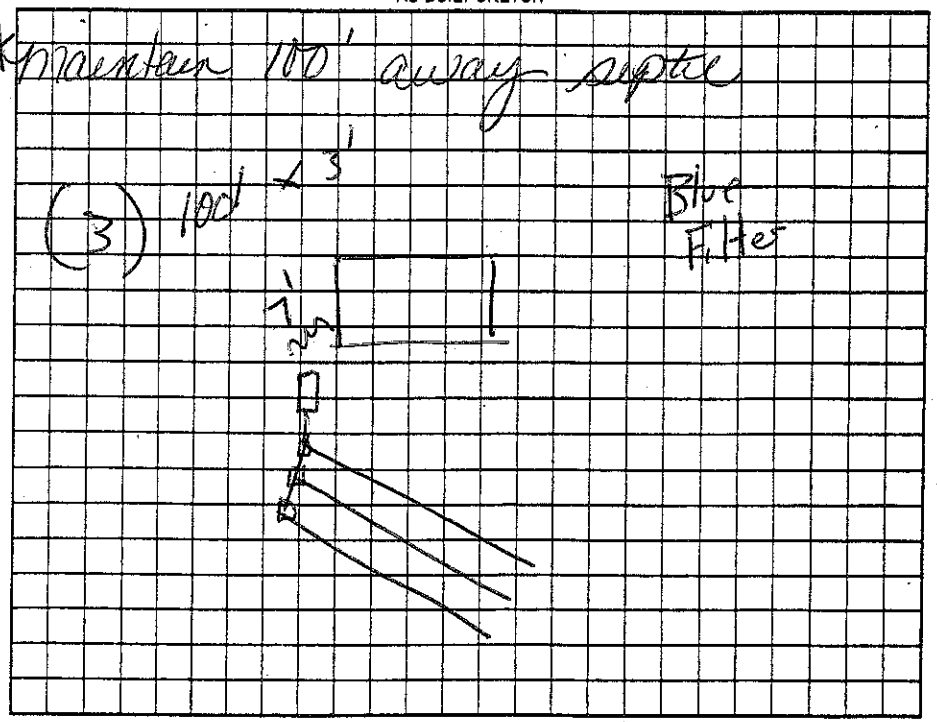
Comments:/Conditions:

* MUST use Drop Box
* 36" Trench Bottom

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 _____

Improvement Permit by: _____ date 2-21-08

Authorization to Construct by: _____ date 2-21-08

Installed by: Rowan Septic

Operation Permit by: _____ date 10-21-08

Existing System Inspection by: _____ date _____

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