# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 134304 PIN# 4736-54-6196 DATE 3-21-06

OWNER OR APPLICANT DENNIS DEAL PHONE: Business 704-902-3978 Home 704-872-5486

ADDRESS 576 SALEM CREEK RD STATESVILLE NC 28625

LOCATION CHIPLY FORD RD (NORTH) (L) HARRIETT (R) ROSEMARY LOT ON RT

SUBDIVISION CHIPLY PARK BLOCK / SECTION 331 LOT 331-334 LOT AREA .469AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 3-17

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 60=1200' Linear Feet 300'

No Lines 3x100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: GRAV 25% REDUCT

Repair System Description: LP 50% REDUCTION

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons 6 No. Employees _____

Water Supply: ☐ Individual ☐ Public ☐ Community

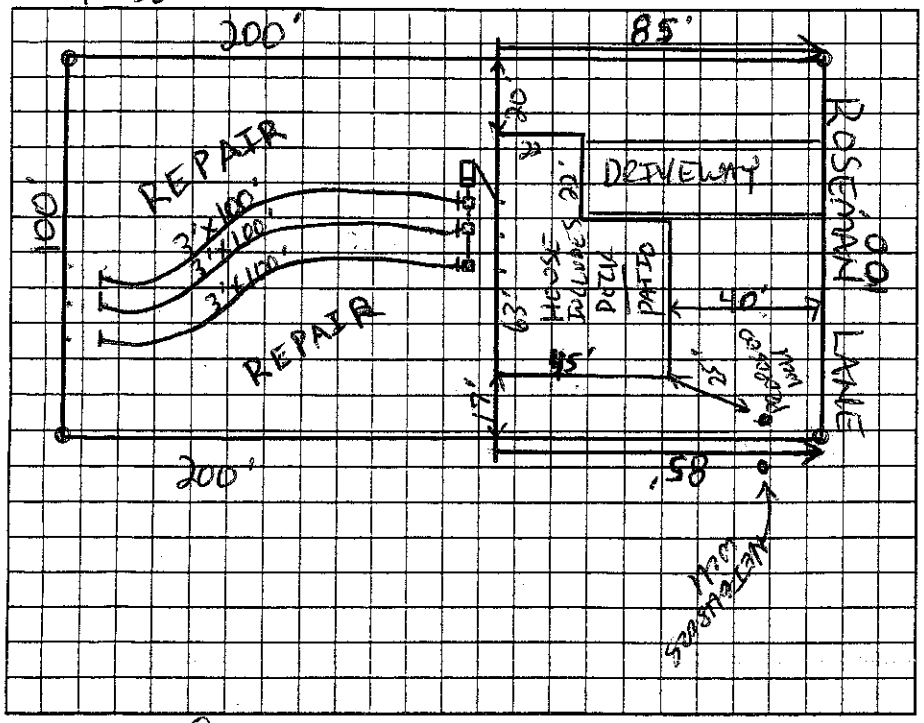
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: (1) RAKE & LIME THE SIDEWALLS DUE TO THE MICA INCLUSIONS (2) INSTALL LINES ON CONTOURS (3) MAINTAIN SETBACKS

Comments/Conditions: Black Filter

1"=50'

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 3-21-6 Installed by: James Huddle

Improvement Permit by: _____ date 3-21-06 Operation Permit by: James Stewart date 5-10-06

Authorization to Construct by: _____ date 3-21-06 Existing System Inspection by: _____ date _____

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