IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

(E1)

PERMIT# 125930 PIN# 4737-33-3007 1229 DATE 3-9-05

OWNER OR CONTRACTOR JASON LOWRANCE PHONE: Business 828-446-3275 Home 704-876-6498

ADDRESS 2330 S. CHIPLEY FORD RD, STATESVILLE, NC 28625

LOCATION NC 115 N, TR RED CHIMNEY ROAD TO END, HOUSE SITE DIRECTLY ACROSS S. CHIPLEY FORD RD.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.230 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 EPD/FT²

Septic Tank: 1000 Gallons; STB 1007 Date 12-4-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines SIX Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONVENTIONAL, GRAVITY

Repair System Description: CONVENTIONAL, PUMP

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

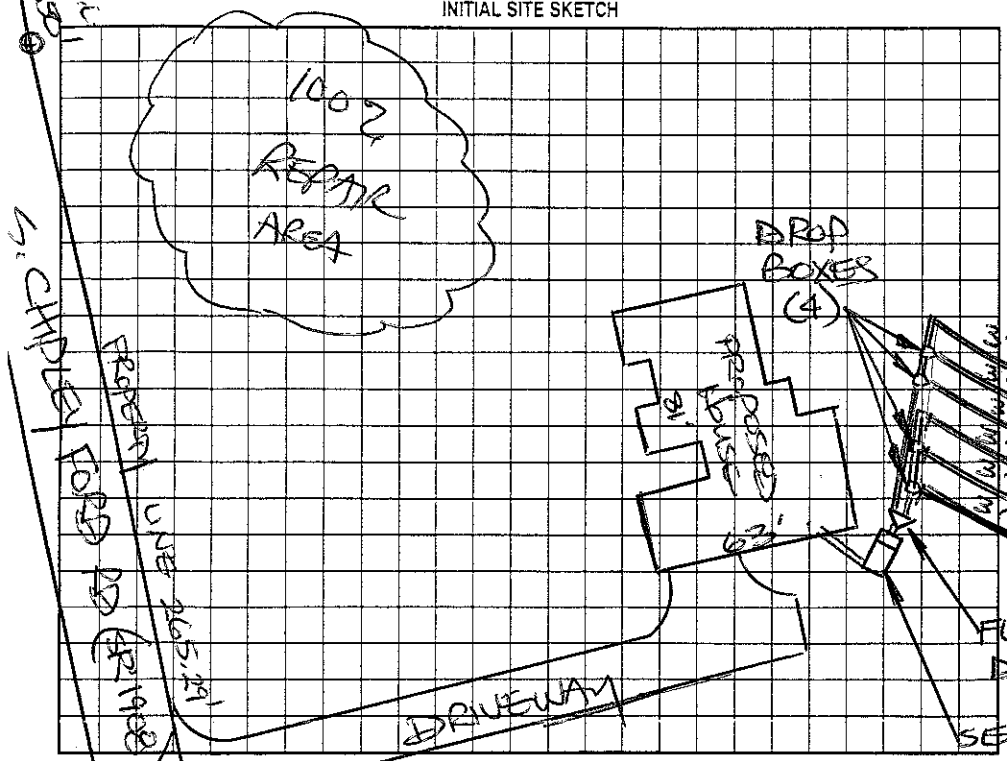
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: CONTACT HEALTH DEPARTMENT AFTER CLEARING & PRIOR TO INSTALLATION TO FLAG-OUT SYSTEM.

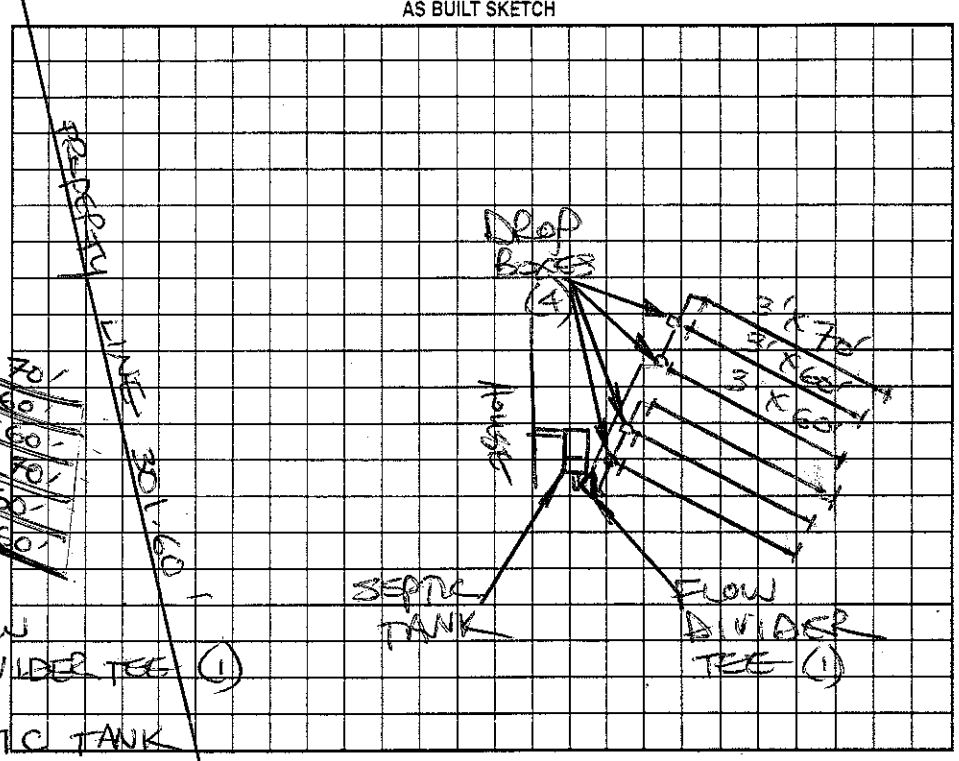
PROPERTY LINE 325.00' (TOTAL)

Comments:/Conditions: ① SEPTIC TANK RELOCATED AS SHOWN WITHOUT PRIOR HEALTH DEPT. APPROVAL. INSTALLED WITH MARKER USING "FABRIC" FILTER

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 _____ Installed by: WARD GRADING & EXCAVATING, LLC

Improvement Permit by: STEVE HEDRICK date 3-9-05 Operation Permit by: STEVE HEDRICK date 2-6-06

Authorization to Construct by: STEVE HEDRICK date 3-9-05 Existing System Inspection by: _____ date _____

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