IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 140475 PIN# 4737-34-5844 DATE 2-6-07

OWNER OR APPLICANT JAMES DALE GRYDER PHONE: Business 704-746-6157 Home 704-876-5656

ADDRESS 2940 S. CHIPLEY FORD ROAD, STATESVILLE, NC 28625

LOCATION NC 115 NORTH, TR S. CHIPLEY FORD RD, HOUSE ON RIGHT AT # 2940

SUBDIVISION _____ BLOCK / SECTION _____ LOT 1 LOT AREA 4.64 ACRES SITE CLASS. P3 DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: EXISTING 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet EXISTING

No Lines FOUR Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: CONVENTIONAL, GRAVITY

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

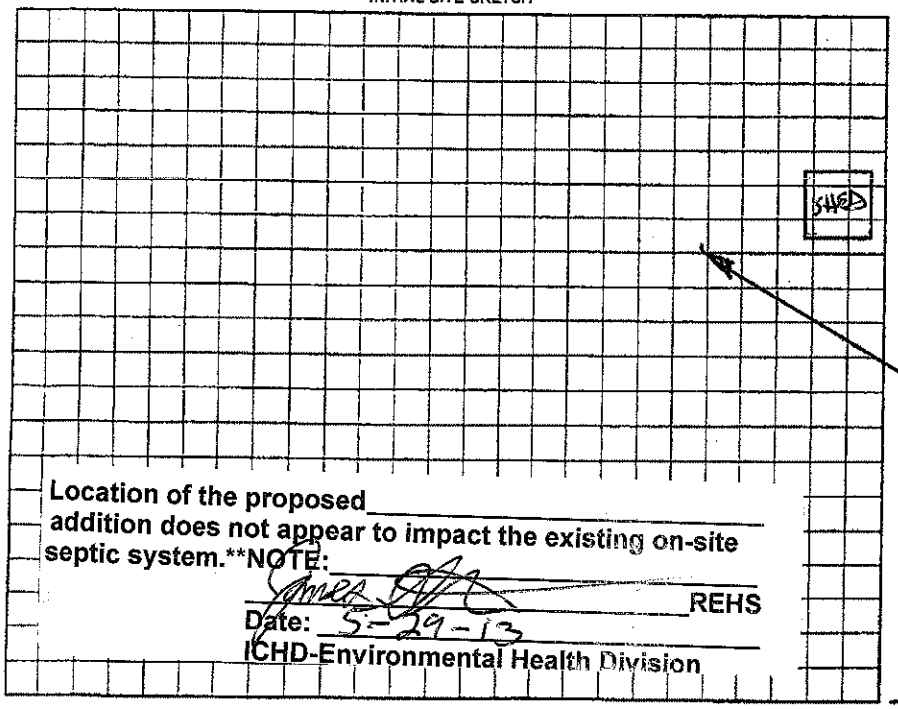
Water Supply: ☐ Individual ☐ Public ☐ Community

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

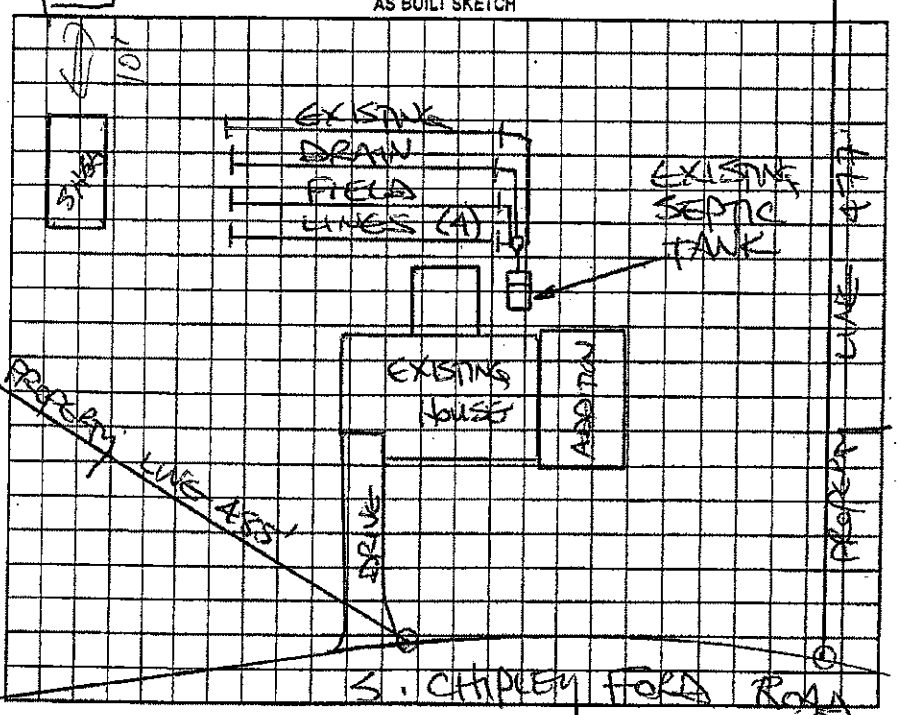
Comments/Conditions:

Comments/Conditions: SYSTEM PREVIOUSLY ADDED TO LARGER CAPACITY

INITIAL SITE SKETCH



AS BUILT SKETCH



Location of the proposed addition does not appear to impact the existing on-site septic system.NOTE:**

James Gryder REHS

Date: 5-29-13

ICHD-Environmental Health Division

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: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: STEVE HENDRICK date 2-6-07

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