IDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13142920 PIN# 4741816980 DATE 10-12-05

OWNER OR CONTRACTOR Mallard Ryder Cowan PHONE: Business 784-528-4083 Home

ADDRESS 847 Perry Road Statesville NC 28677

LOCATION Oswalt Rd to Perry Rd to #847 RT

SUBDIVISION BLOCK / SECTION LOT LOT AREA .834 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 13

Septic Tank: Engle Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet Linear Feet

No Lines 2 Trench Width 36 Max Trench Bottom Depth 36 Gravel Depth NA

☐ New System ☐ Repair 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 No. Bedrooms 3

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☐ Other

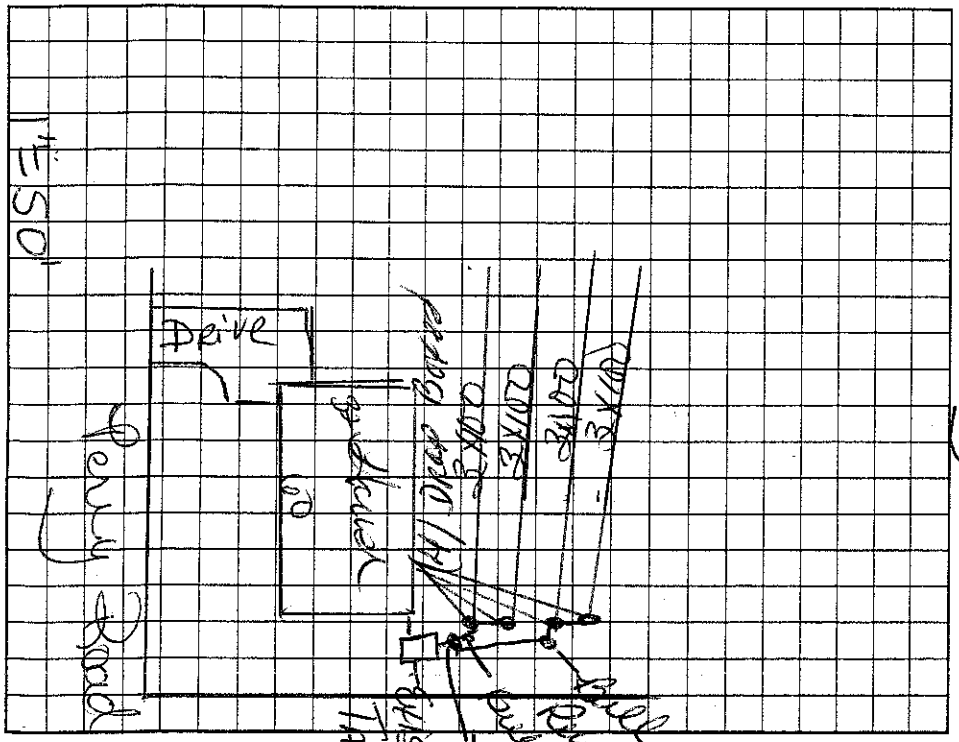
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

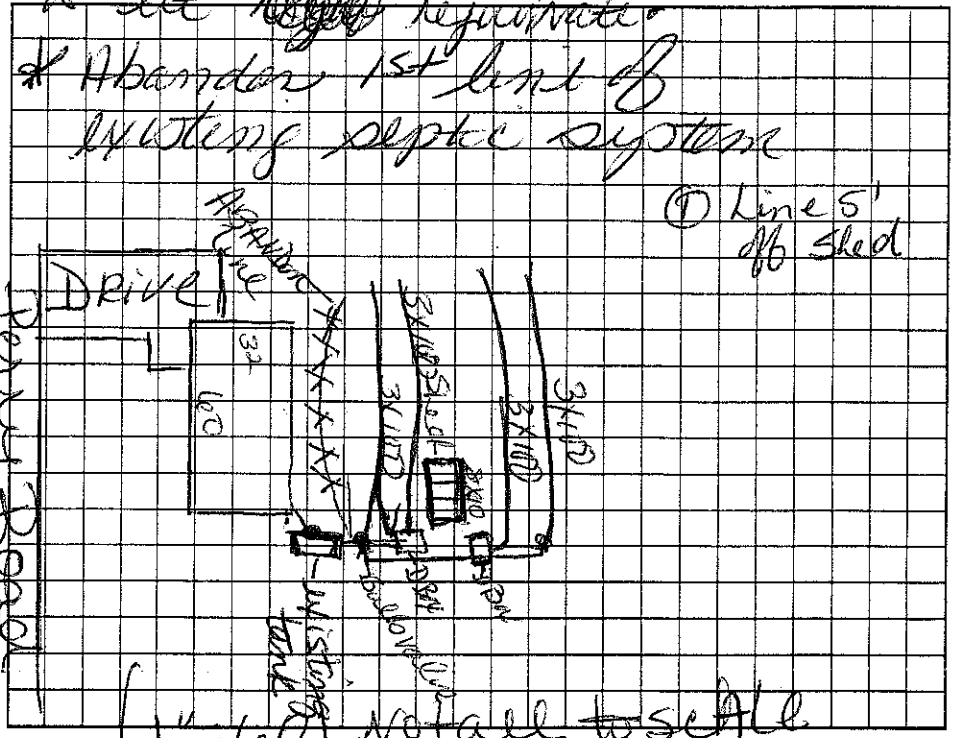
Comments:/Conditions:
Install on Contour
Maintain all set Backs -

Comments:/Conditions:
Add 20' & 25% Reduction
use (2) Bell Run Valves
cut upper 2 existing lines off
& tie [illegible] together
& Abandon 1st Tank of
existing septic system
① Line 5' off Shed

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: [signature] date 12-27-05 Installed by: A-1 Backhoe

Improvement Permit by: [signature] date 10-12-05 Operation Permit by: [signature] date 1-6-06

Authorization to Construct by: [signature] date 10-12-05 Existing System Inspection by: date

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