IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 132418 PIN# 4744393613 DATE 12-6-05

OWNER OR CONTRACTOR Dettland Construction PHONE: Business 704-202-4971 Home 704-876-6162

ADDRESS 823 Jennings Rd Statesville NC 28625

LOCATION Jennings Rd (Hwy 70) Deercrossing Rd, Sundance property on left

SUBDIVISION Deercrossing BLOCK / SECTION 4 LOT 45 LOT AREA 1.538 SITE CLASS R5 DESIGN FLOW 360 L.T.A.R. .13

Septic Tank: 1000 Gallons; STB 828 Date 12-26-05

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" Gravel Depth NA

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

System Description: 25% Red Gravity

Repair System Description: NA

Maintenance Agreement Required: ☐ Yes ☐ No Repair

☑ 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

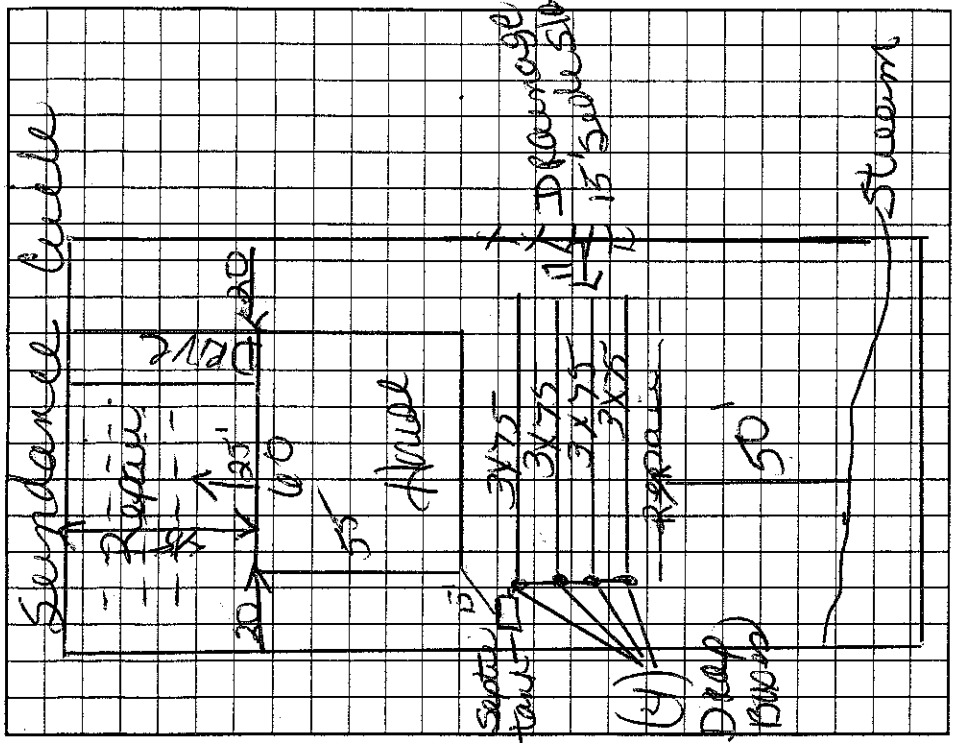
Comments:/Conditions:

Maintain all setbacks

15' side slope of drainage ditch

50' off of stream

INITIAL SITE SKETCH



AS BUILT SKETCH

Blue top to field

Septic tank marker

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: Lenna K Cecil date 12/21/05 Installed by: Roy And Sons

Improvement Permit by: Kelly Cook date 12-6-05 Operation Permit by: Kelly Cook date 8.21.06

Authorization to Construct by: Kelly Cook date 12-6-05 Existing System Inspection by: _____ date _____

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