Permit # 17130 attached for detached garage addition 3/1/2012

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 132724 PIN# 4747 52 1821 DATE 1/6/06

OWNER OR APPLICANT RW WRIGHT CONSTRUCTION PHONE: Business _____ Home _____

ADDRESS 164 FOXGLOVE DR STATESVILLE, NC 28625

LOCATION 21N @ JENNINGS @ WHITES FARM @ OOE RUN CORNER OF WHITES FARM AND OOE RUN

SUBDIVISION GREYSTONE MEADOW BLOCK / SECTION 1 LOT 46 LOT AREA 1.43 ACRES SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. 3

Septic Tank: 1000 Gallons; STB 1012 Date 3-11-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 540
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: CONVENTIONAL
Repair System Description: PUMP CONVENTIONAL
Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Persons _____ No. Employees _____

Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments:/Conditions:

WHITES FARM RD

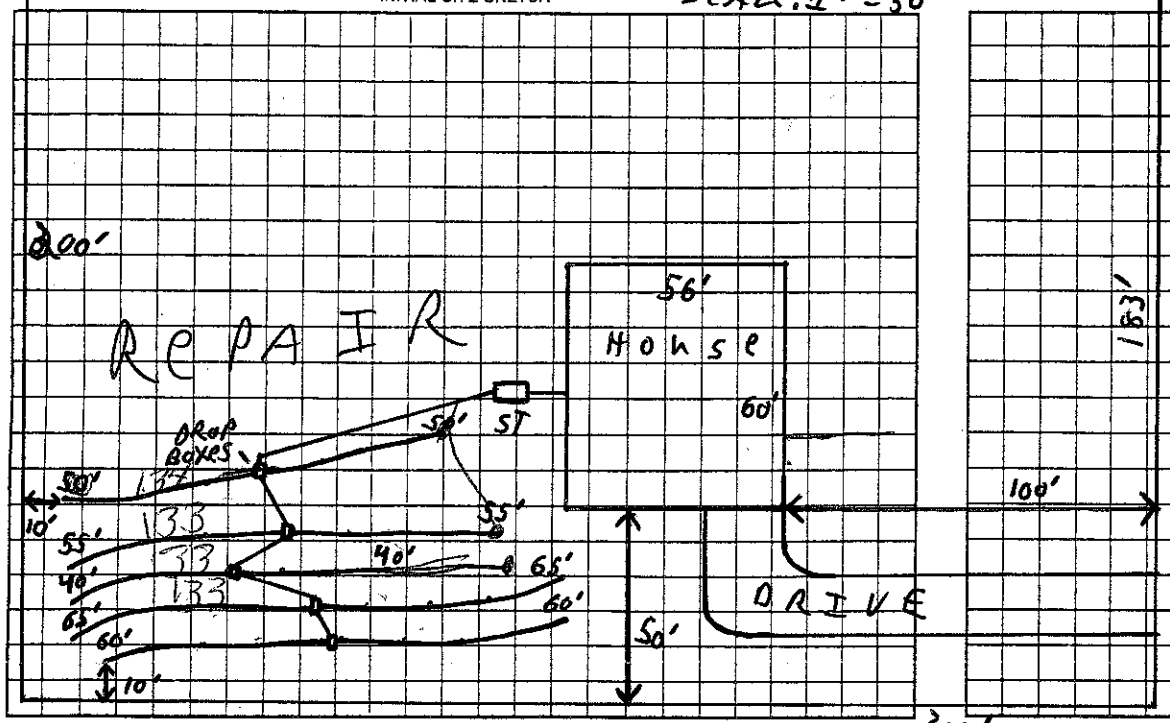
INSTALL ON CONTOUR

MAINTAIN SETBACKS. ACCEPTED SYSTEM MAY BE SUBSTITUTED

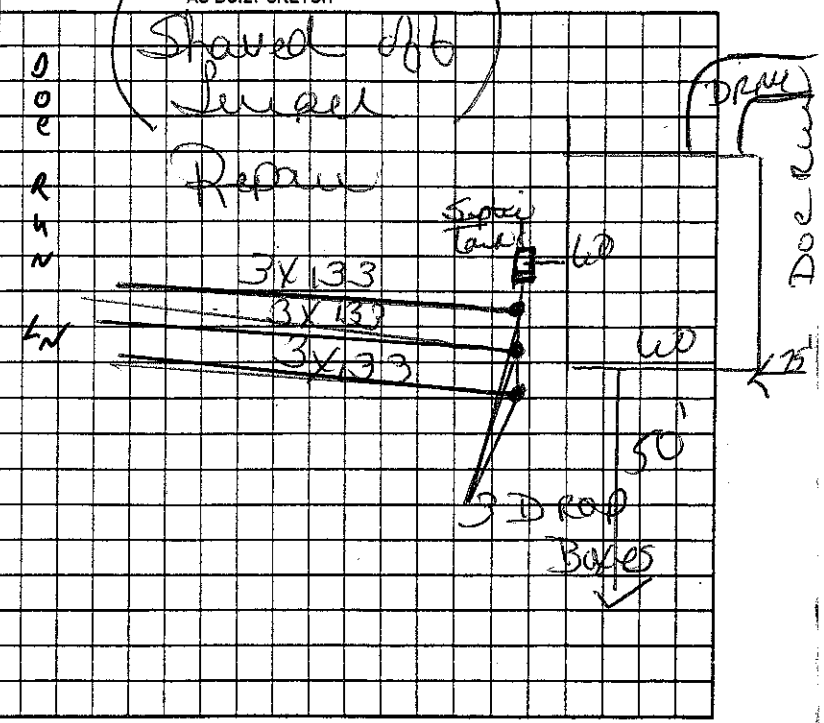
Comments:/Conditions:

Yellow Surface Line = Septic tank Manhole

INITIAL SITE SKETCH SCALE: 1" = 50'



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 1/11/06 Installed by: TOMMY SKYE

Improvement Permit by: _____ date 1/6/06 Operation Permit by: _____ date 9-12-06

Authorization to Construct by: _____ date 1/6/06 Existing System Inspection by: _____ date _____

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