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 R W WRIGHT CONSTRUCTION PHONE: Business _____ Home _____

ADDRESS 164 FOXGLOVE DR STATESVILLE, NC 28625

LOCATION 21N @ JENNINGS @ WHITES FARM RD @ DOE RUN CORNER OF WHITES FARM AND DOE 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" ☒ Gravity ☐ Pressure

☒ 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

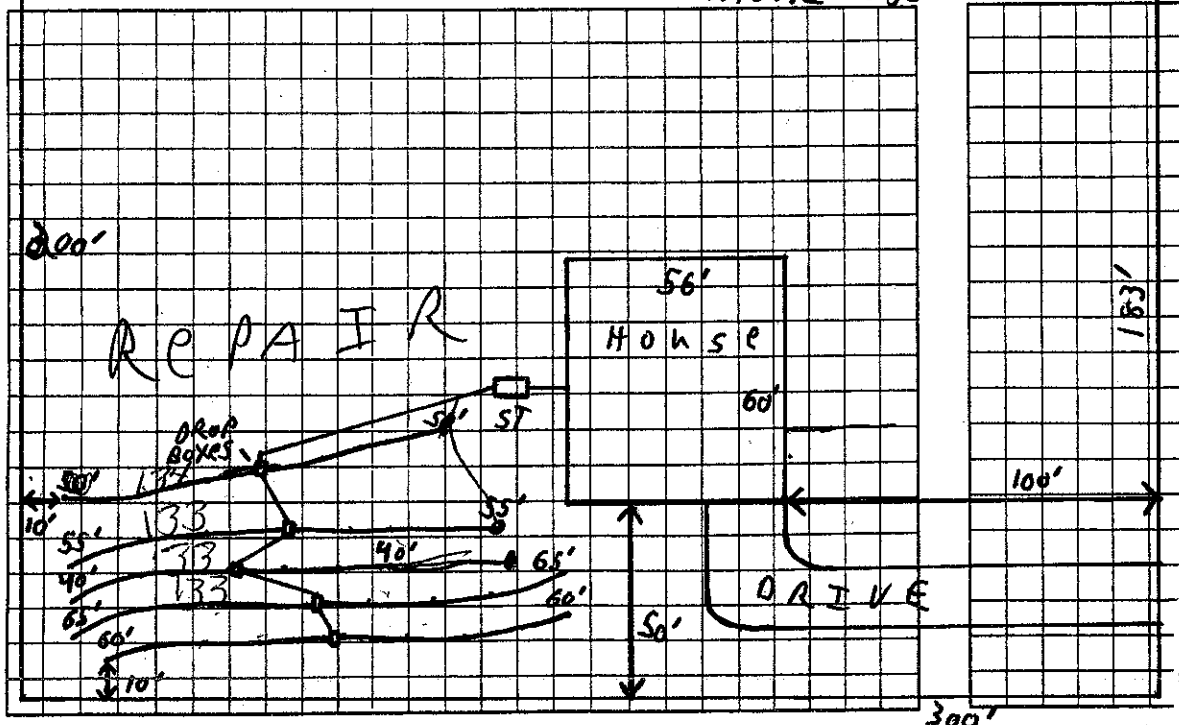
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

WHITES FARM RD

INSTALL ON CONTOUR
MAINTAIN SETBACKS. ACCEPTED SYSTEM MAY BE SUBSTITUTED.

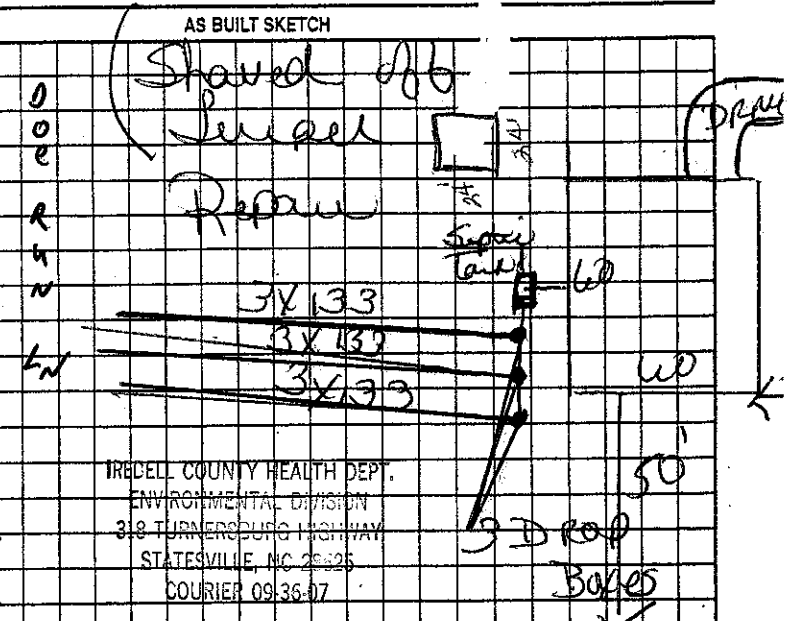
INITIAL SITE SKETCH SCALE: 1" = 50'



Comments:/Conditions:

Yellow Surface Lateral
Septic tank Manhole

AS BUILT SKETCH



Location of the proposed 24'X24' detached garage addition does not appear to impact the existing on-site septic system.**NOTE: KEEP MIN 5' FROM SYSTEM

R. STEVE HEDRICK REHS

Date: 3-2-2012

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 s

Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct i

Signed: _____ date 1/11/06

Improvement Permit by: _____ date 1/6/06

Authorization to Construct by: _____ date 1/6/06

Installed by: TOMMY STYE

Operation Permit by: _____ date 9-12-06

Existing System Inspection by: _____ date _____

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