CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 138747 PIN# 4747537860 DATE 12-14-06

OWNER OR APPLICANT Mark Josey PHONE: Business _____ Home 704-872-0537

ADDRESS 119 Appaloosa

LOCATION 21 N. (L) on Shoemaker Dr ~ 3 miles (R) on Saddlewood (R) on Appaloosa Lot on (L) corner

SUBDIVISION Saddlewood BLOCK / SECTION 2 LOT 25 LOT AREA .799 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 10-12-06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

[X] New System [ ] Repair [ ] Expansion System Type: I (II) III IV V VI

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: [ ] Yes [X] No

[X] Gravity [ ] Pressure

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Persons _____

[ ] Business No. Employees _____

[ ] Other _____

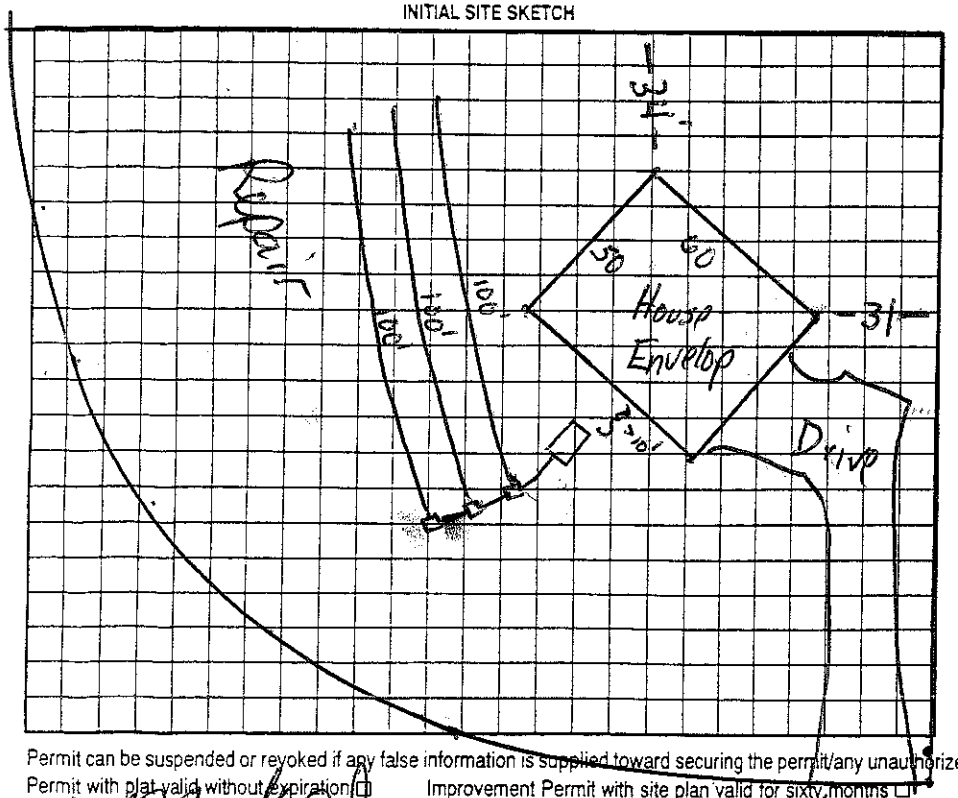
Water Supply: [X] Individual [ ] Public [ ] Community

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Comments:/Conditions:

Comments:/Conditions:

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: Mark Josey date 1-8-07 Installed by: Tommy Frye

Improvement Permit by: _____ date 12-14-06 Operation Permit by: _____ date 8-29-07

Authorization to Construct by: _____ date 12-14-06 Existing System Inspection by: _____ date _____

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