IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (CV) MOORESVILLE 704-664-5281

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

(V)

PERMIT# 123739 PIN# 4747-58-8588 1890 DATE 9-27-04

OWNER OR CONTRACTOR KELLI M ALPIN PHONE: Business 704-902-3060 Home (704) 876-2348

ADDRESS 345 21 NORTH, TO JENNINGS ROAD, 2.0 MILES ON RIGHT

LOCATION 6185 JENNINGS ROAD, STATESVILLE, NC 28625

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.859 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 7-13-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines SIX Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: CONVENTIONAL, GRAVITY
Repair System Description: 25% REDUCTION, GRAVITY
Maintenance Agreement Required: ☐ Yes ☐ No

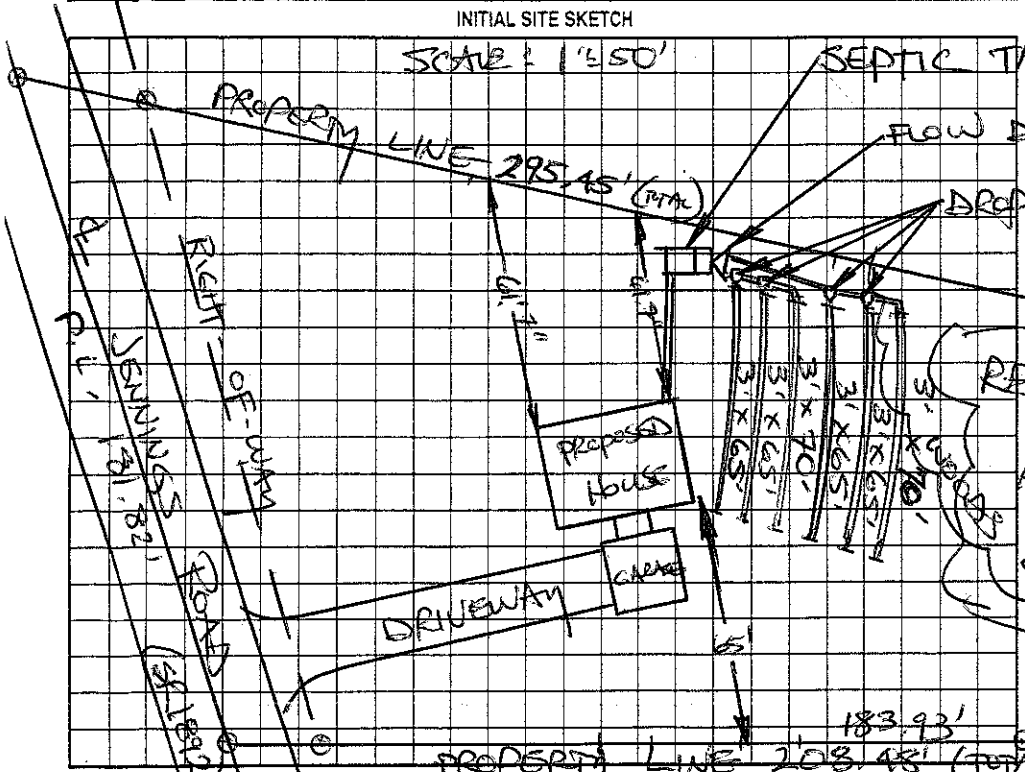
☑ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms _____
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

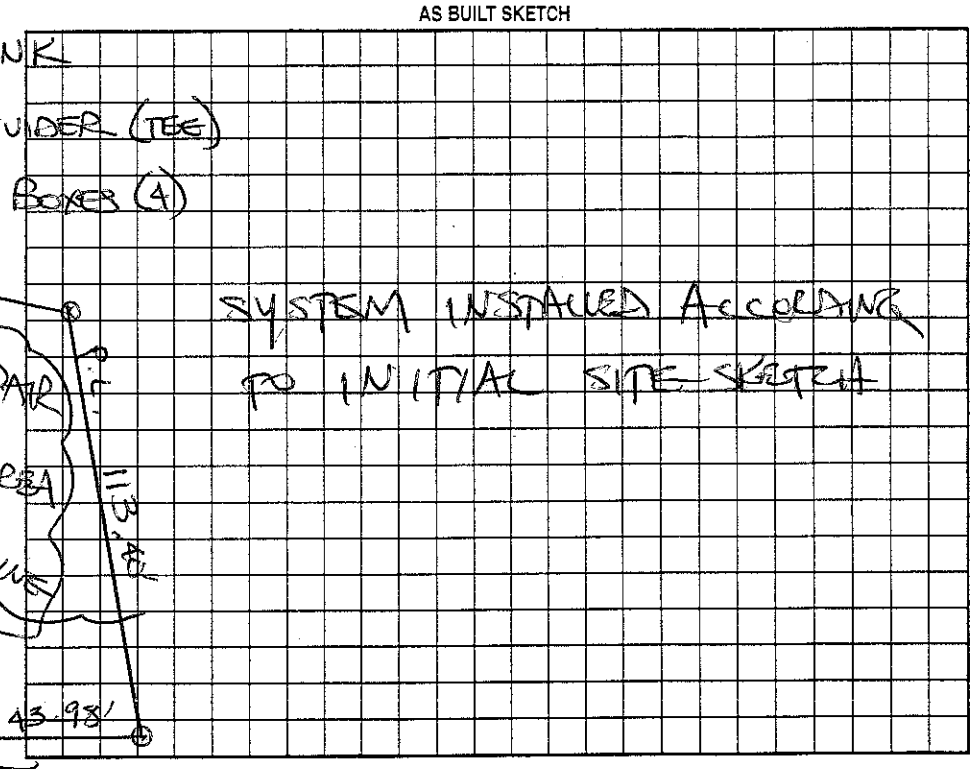
Comments:/Conditions: (1) INSTALL LINES ON CONTOUR AS SHOWN (2) USE ONE FLOW DIVIDER TEE TO ACHIEVE EQUAL DISTRIBUTION INTO TWO SETS OF DROP BOXES AS SHOWN

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "TUFTITE" FILTER

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: _____ date 9-27-04 Installed by: C & S GRADING

Improvement Permit by: STEVE HENDRICK date 9-27-04 Operation Permit by: STEVE HENDRICK date 1-06-05

Authorization to Construct by: STEVE HENDRICK date 9-27-04 Existing System Inspection by: _____ date _____

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