IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139104 PIN# 4747645483 DATE 12-12-06

OWNER OR APPLICANT JFJ Custom Homes PHONE: Business 704 902 2772 Home 704 873 2530

ADDRESS 280 Donsdale

LOCATION Hwy 21N, left Shoemaker Dr., turns into Whites Farm Rd, right on Donsdale property on right

SUBDIVISION Donsdale BLOCK / SECTION 2 LOT 44 LOT AREA .55 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 1017 Date 9-3-06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: 25% Reduction

Repair System Description: 25% Reduction (pump)

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

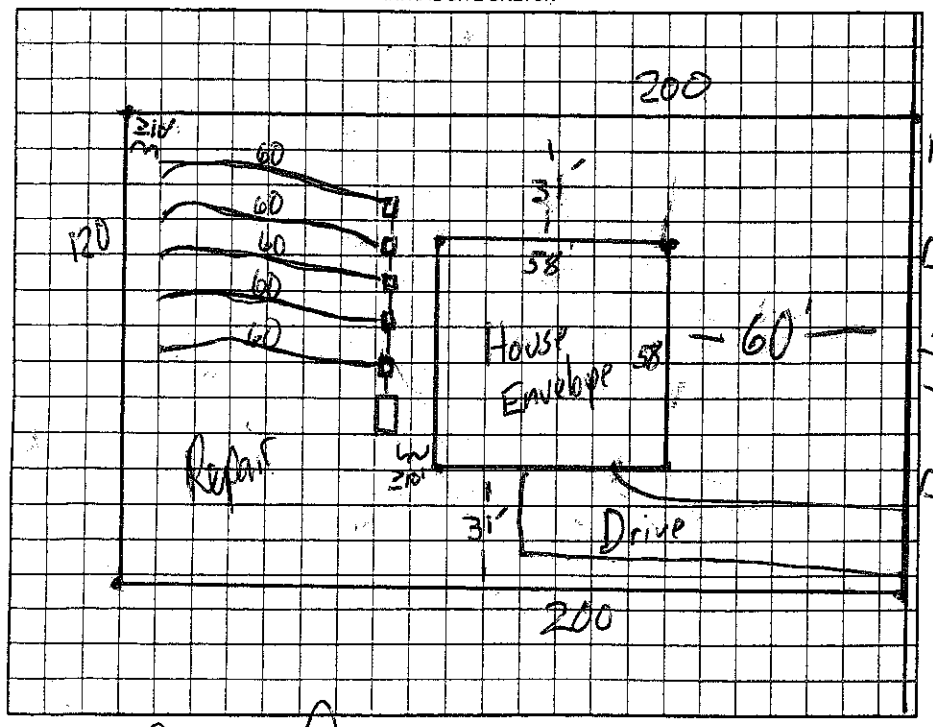
Gravel Depth ____ ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

Comments:/Conditions:

Yellow Tag

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 12-12-06 Installed by: Craig Thompson

Improvement Permit by: _____ date 12-12-06 Operation Permit by: _____ date 3-14-07

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

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