(C1)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 199938 PIN# 4747648619

OWNER OR APPLICANT JFJ Custom Homes PHONE: Business _____ DATE 5-22-08

ADDRESS 287 Donsdale Dr. Home 704 873-2530

LOCATION Jennings Rd, (L) on Whites Farm Rd (L) on Donsdale Dr., Property Last Lot on Left

SUBDIVISION Donsdale BLOCK / SECTION 2 LOT 42 LOT AREA _____ SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 11-5-07

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 Gravity

Repair System Description: 25% Reduction Pump V

Maintenance Agreement Required: ☐ Yes ☒ No

Gravity Depth _____ ☒ Gravity ☐ Pressure

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☒ Individual ☒ Public ☐ Community

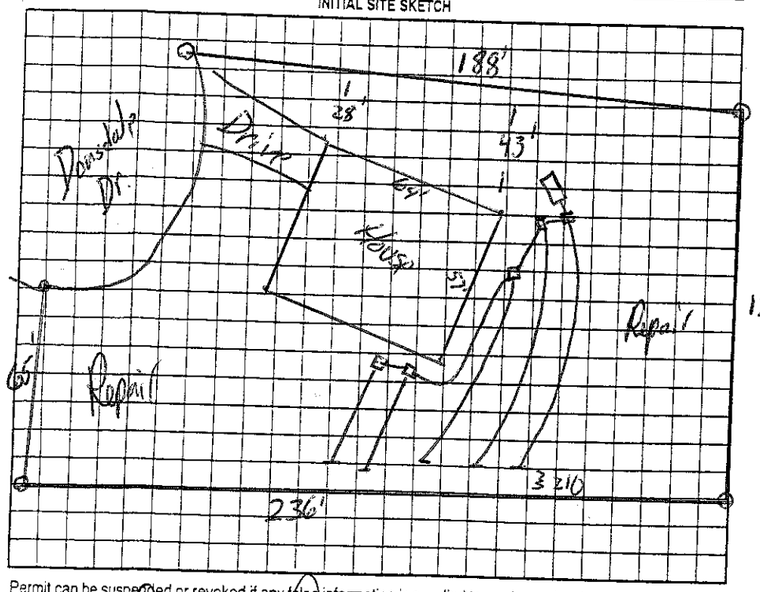
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

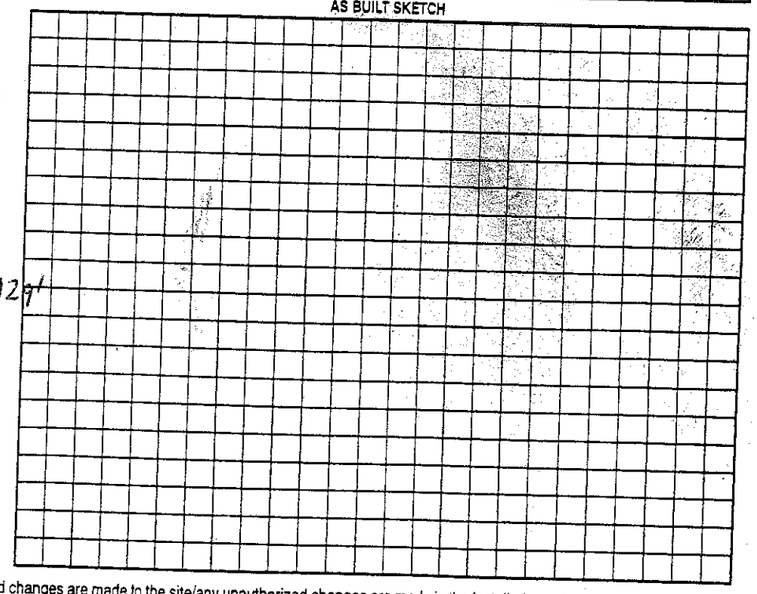
Comments:/Conditions:

- System installed according to initial site sketch
- Septic tank marker installed with yellow tuf tite 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 5-22-08

Improvement Permit by: _____ date 5-22-08

Authorization to Construct by: _____ date 5-22-08

Installed by: _____

Operation Permit by: _____ date 8/8/08

Existing System Inspection by: _____ date _____

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