IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12793 PIN# 4747-65-2910 DATE 2-3-05

OWNER OR CONTRACTOR JEFFERY JONES PHONE: Business (704) 873-2530 Home

ADDRESS 143 OAKGROVE RD. STATESVILLE NC 28677

LOCATION US 21 N TL WHITES FARM RD TR DONSDALE DR ON LEFT

SUBDIVISION DONSDALE BLOCK / SECTION I LOT 8 LOT AREA 0.63 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 gpd/ft²

Septic Tank: 1000 Gallons; STB 3-760 Date 5-9-05
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet Linear Feet 400'
No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

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

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms
☐ Business No. Employees
☐ Other

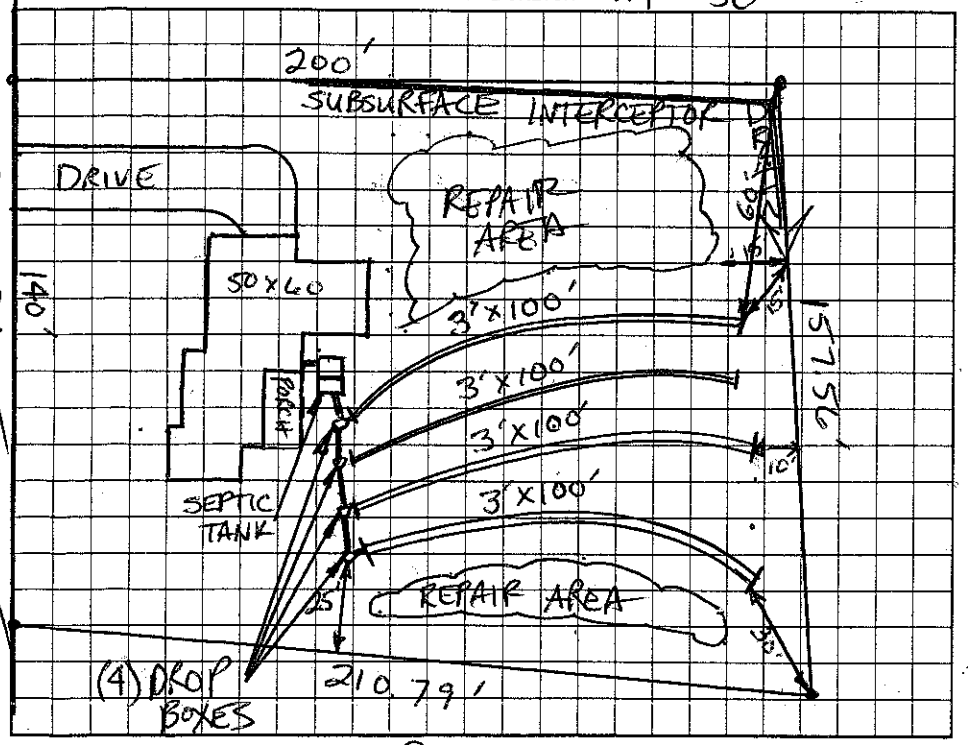
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

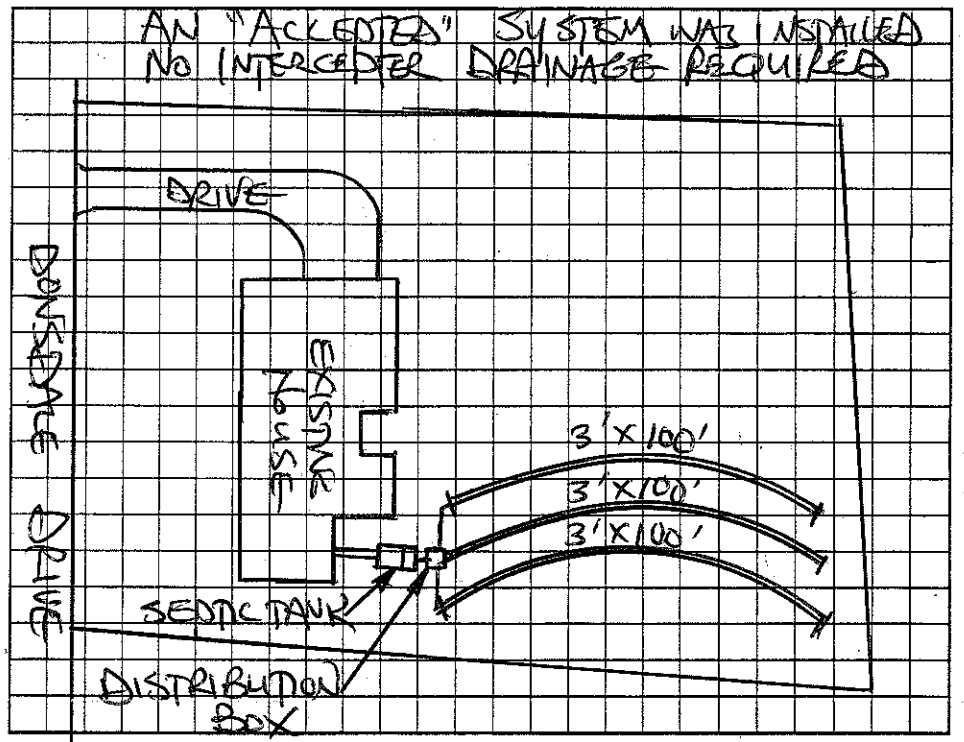
Comments/Conditions: ① INSTALL LINES NO DEEPER THAN 24" ② INSTALL SUBSURFACE INTERCEPTOR DRAIN 36" TO DAYLIGHT ③ MAINTAIN SETBACKS FROM HOUSE & PROPERTY LINE ④ SMOOTH ROUGH TOPO & BERM

Comments/Conditions: Red Polylock Septic Tank Marker

INITIAL SITE SKETCH *1" = 50'



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 2-4-05 Installed by: Brent Gallihan

Improvement Permit by: Christopher M. Shiflett PS,LSS date 2-3-05 Operation Permit by: Kelly Cook date 10-5-05

Authorization to Construct by: Christopher M. Shiflett PS,LSS date 2-3-05 Existing System Inspection by: date

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