IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14333 PIN# 4747655460 DATE 7-10-07

OWNER OR APPLICANT JES Custom Homes PHONE: Business Home 704-902-2772

ADDRESS 145 Oak Grove RD Statesville NC 28677

LOCATION 210 (L) White Farm (R) Donsdale (L) Harper 5th Lot on Right

SUBDIVISION Donsdale BLOCK / SECTION II LOT 34 LOT AREA .38 SITE CLASS. B DESIGN FLOW 360 L.T.A.R. 3

Septic Tank: 1080 Gallons; STB 1072 Date 10-23-06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____ ☐ Gravity ☐ Pressure

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

System Description: 25% Graywater

Repair System Description: 50% Red Rule

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

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

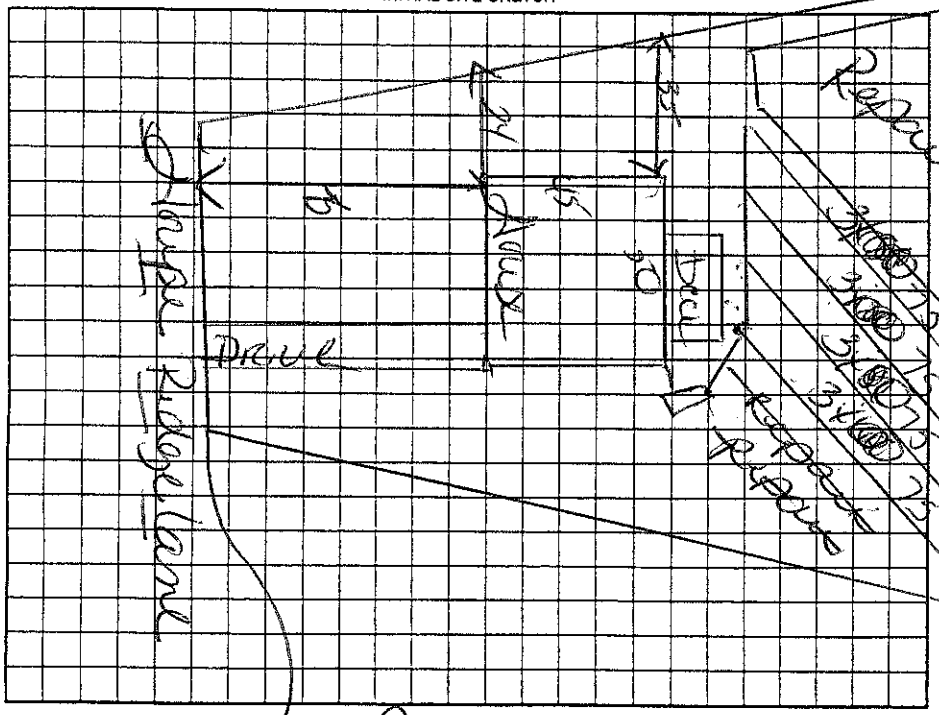
Comments:/Conditions:

Screen Sediment Filter

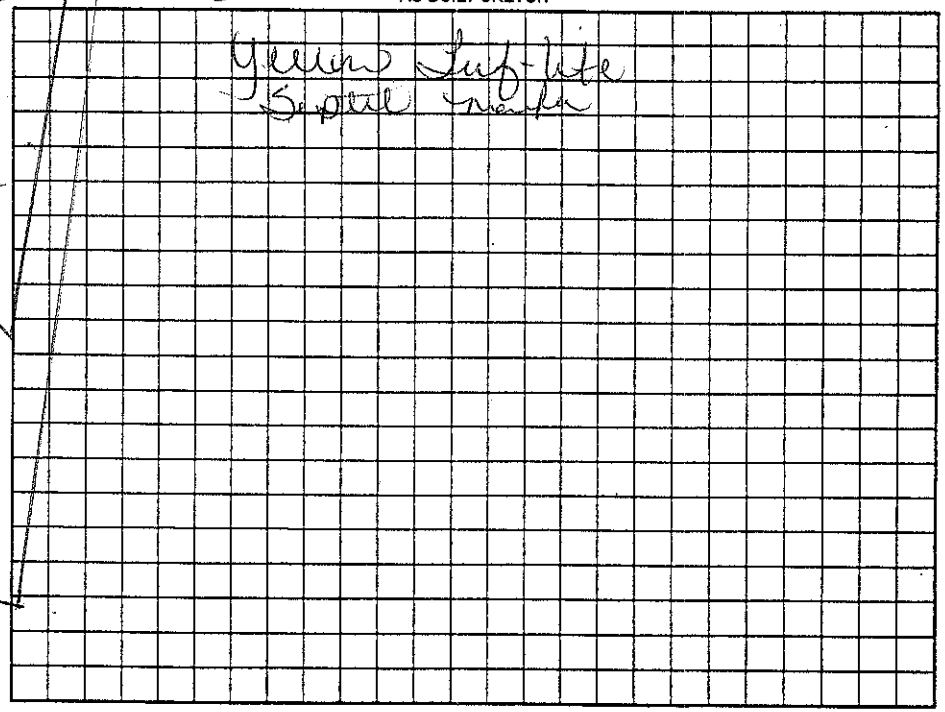
Comments:/Conditions:

End cap distribution
Install on Contour
Maintain all setbacks

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 7-13-07

Improvement Permit by: _____ date 7-10-07

Authorization to Construct by: _____ date 7-10-07

Installed by: Craig Thompson

Operation Permit by: _____ date 11-9-07

Existing System Inspection by: _____ date _____

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