IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13092a7 PIN# 4747 66 1383 DATE 12/30/05

OWNER OR APPLICANT Michael L Levan PHONE: Business 704 873 9180 Home 704 962 6866

ADDRESS Po Box 1717 Statesville, NC 28687

LOCATION 21N (L) Shoemaker (R) Oonsdale OR (R) Lot 141 Oonsdale OR

SUBDIVISION Oonsdale BLOCK / SECTION 1 LOT 5 LOT AREA .86 acres SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1607 Date 04/07/06
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet Eq 1200 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 48" Gravel Depth NA

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 25% Reduction
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other ____

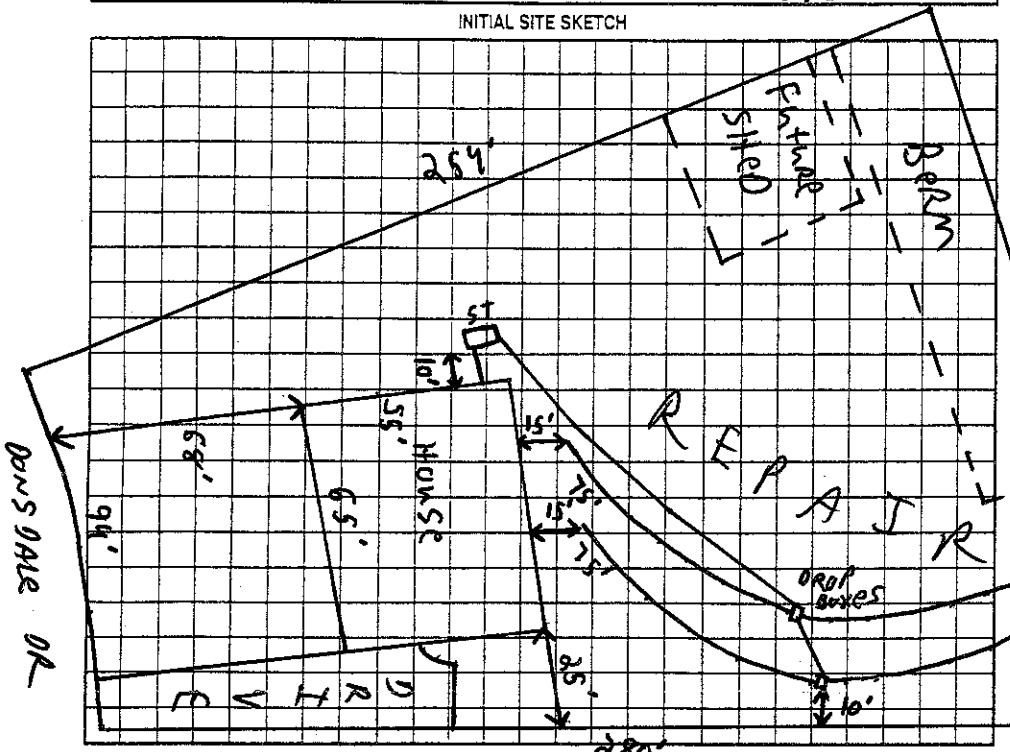
Water Supply: ☐ Individual ☒ Public ☐ Community

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

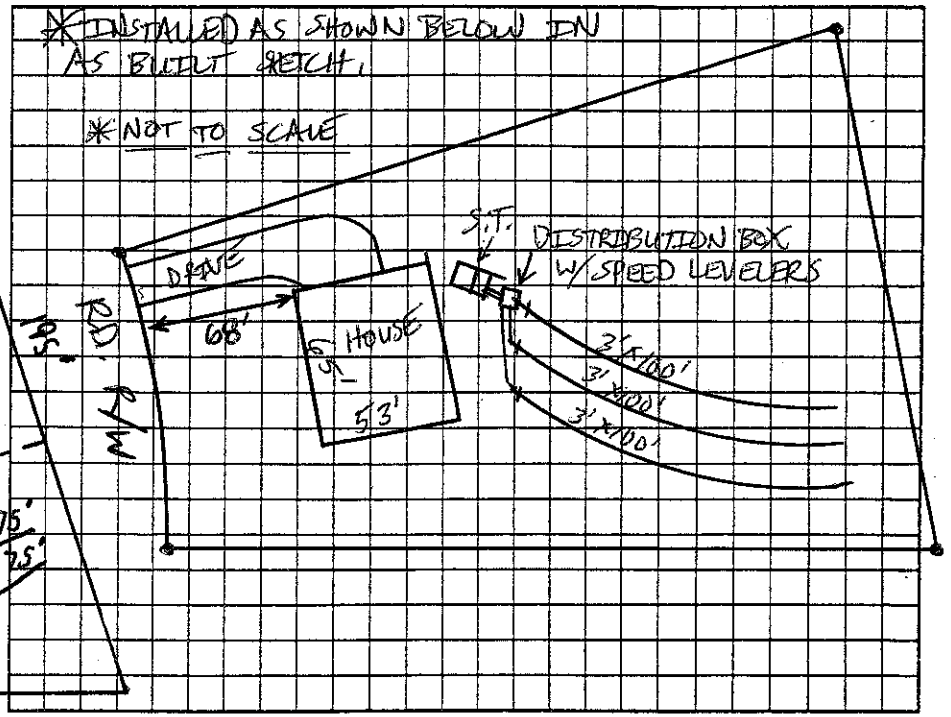
Comments/Conditions: INSTALL ON CONTOUR. MAINTAIN SETBACKS.

Comments/Conditions: *USED BOWCO S.T. FILTER P/NEF-235

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 2/22/06 Installed by: JAMES HUDLER (5-25-06)

Improvement Permit by: _____ date 12/30/05 Operation Permit by: STEVE HEDRICK date 5-25-06

Authorization to Construct by: _____ date 12/30/05 Existing System Inspection by: _____ date _____

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