IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 132785 PIN# 4747 66 2220 DATE 12/29/05

OWNER OR APPLICANT MICHAEL L LEVAN PHONE: Business 704 873 9180 Home

ADDRESS PO BOX 1717 STATESVILLE, NC 28687

LOCATION 21 N @ SHOEMAKER @ OONSDALE OR 145 OONSDALE OR

SUBDIVISION OONSDALE BLOCK / SECTION 1 LOT 6 LOT AREA .80 ACRES SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1067 Date 6-29-06
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet Eq 1200 Linear Feet 300
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

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

Water Supply: ☐ Individual ☒ Public ☐ Community

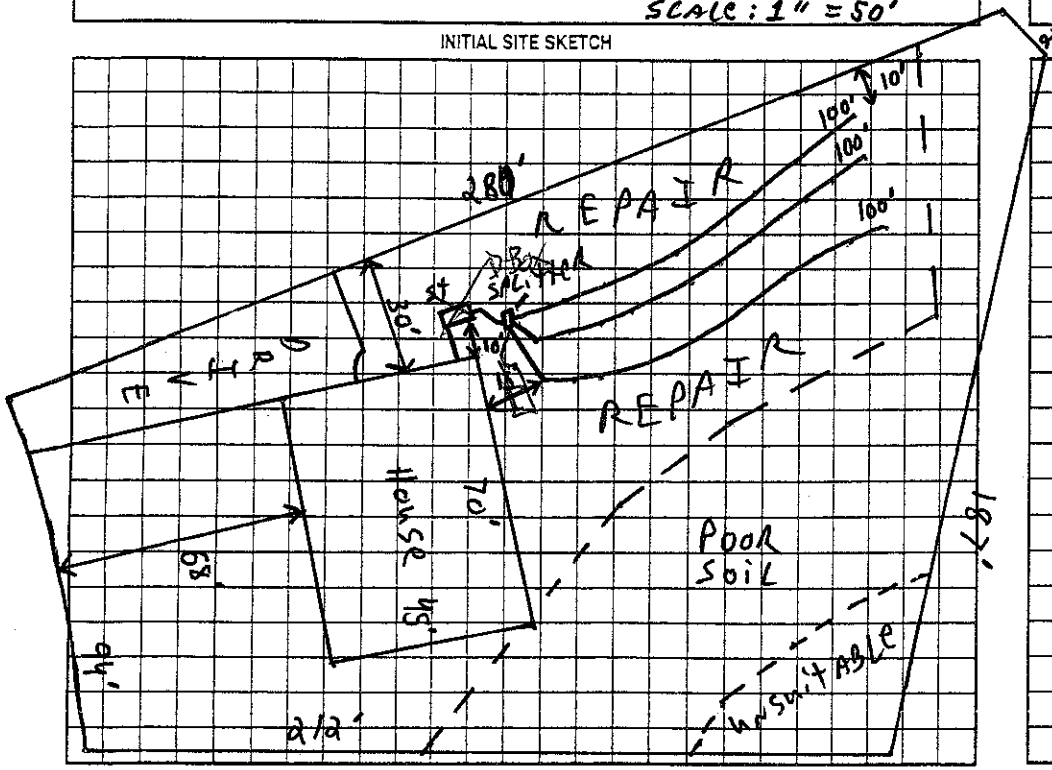
☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: INSTALL ON CONTOUR. MAINTAIN SETBACKS. USE EFFLUENT SPLITTER SUCH AS ZOELLER FLO-RITE.

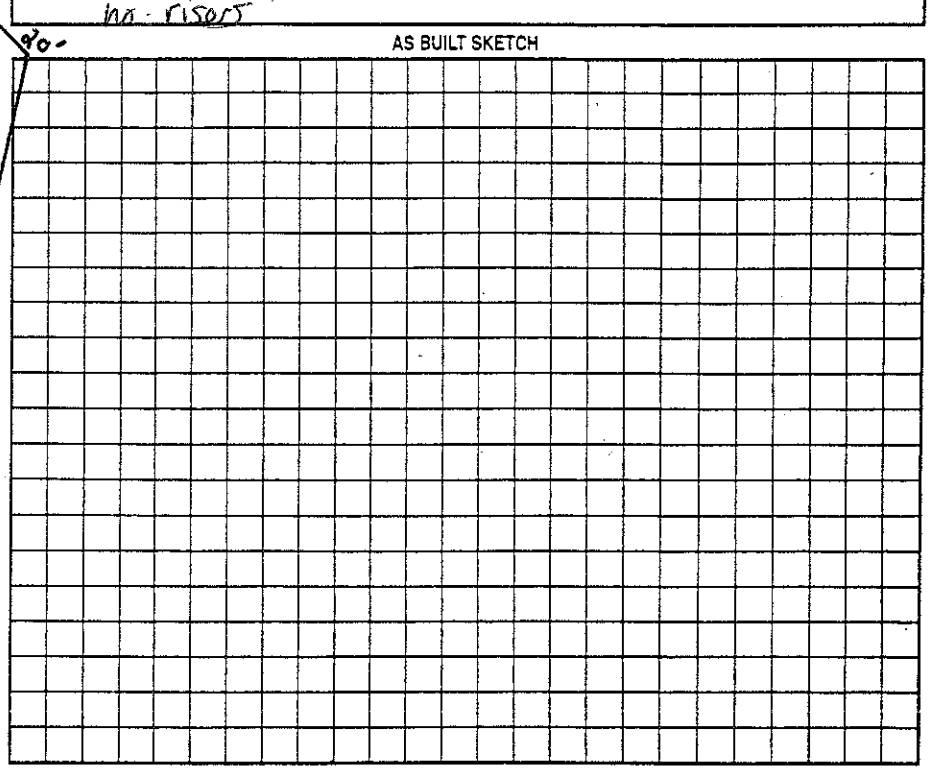
SCALE: 1" = 50'

Comments/Conditions: Brown Filter ST marker no risers

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 ____

Improvement Permit by: ____ date 12/29/05

Authorization to Construct by: ____ date 12/29/05

Installed by: James H Jolles

Operation Permit by: James Jolles date 8-8-06

Existing System Inspection by: ____ date ____

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