IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 159467 PIN # 4747742539 DATE 1-12-10

OWNER or APPLICANT JAMES R DEHART PHONE: Business 7048724400 Home: 7047467094

OWNER or APPLICANT ADDRESS 190 TAURUS RD Statesville NC 28625

LOCATION / DIRECTIONS 21 North (R) Jennings (L) TAURUS Go to END Follow Driveway to very end; Arrive at location on left

SUBDIVISION CALDWELL PROPERTY BLOCK / SECTION LOT # 3 LOT AREA 4.55 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank 1000 Gallons: STB 1017 Date 7-1-08
Pump Tank Gallons: P T Date
Pump Make Model Serial #
Nitrification Field No Fields 1 No Lines 5 Linear Feet 300'
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type I II (III) IV V VI
System Description: Gravity 25% REDUCTION
Repair System Description: SAME
Maintenance Agreement Required ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

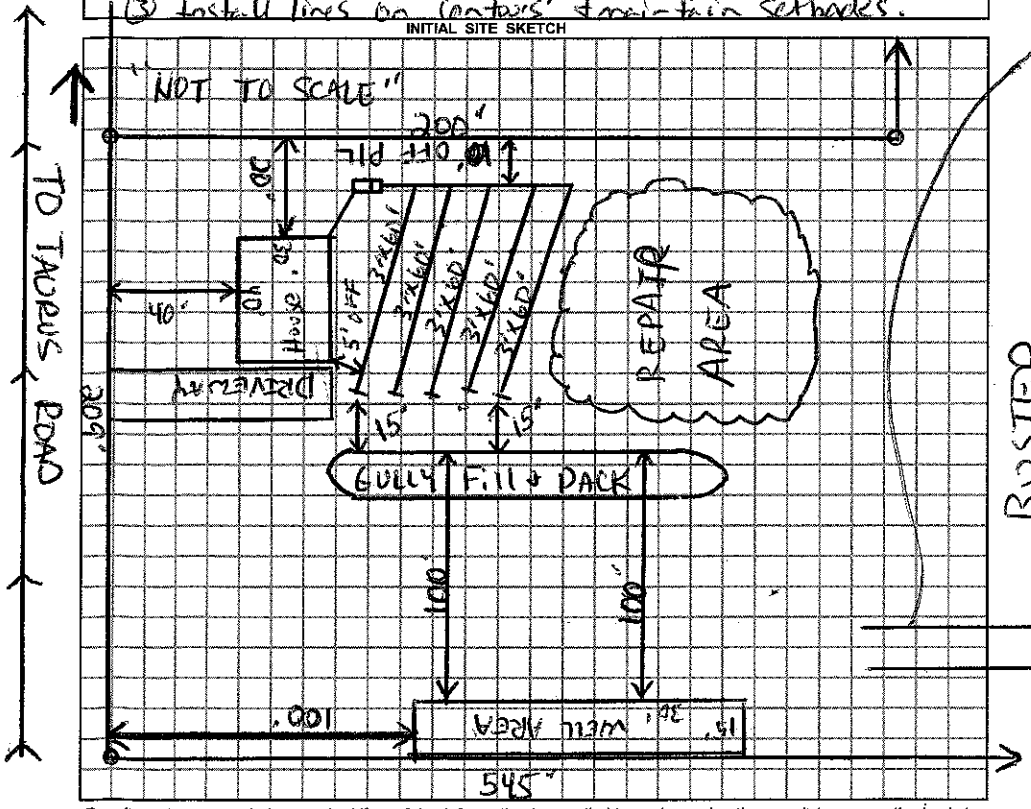
☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

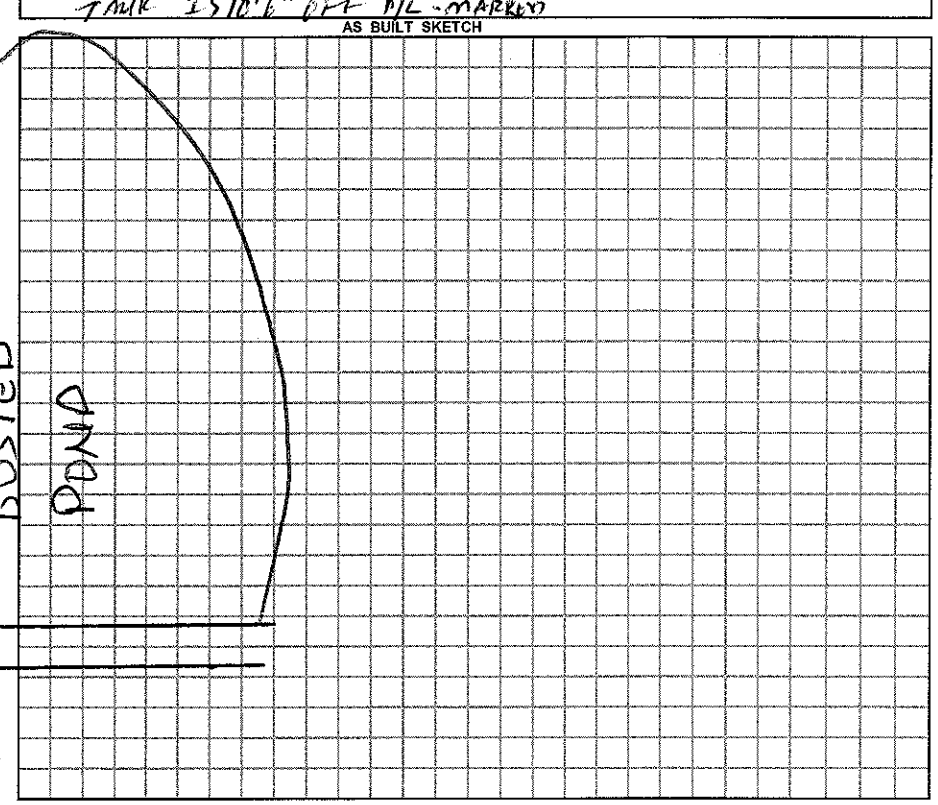
Comments / Conditions (1) Use End Cap Distribution due to space limitations if chambers is used (2) This is a Separate system, maintain 100' from system & repair to well area (3) Install lines on contours & maintain setbacks.

Comments / Conditions POLYLOK Filter marker Septic Lines 11' OFF marker P/L. Hose corner closest pt is 9' off septic lines. Installed as shown using Bio Diffuser chambers TANK IS 10'6" OFF P/L - MARKED

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 w / plat valid without expiration* ☒ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☒ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: Date 1-13-10

Improvement Permit by: Date 1-12-10

Authorization to Construct by: Date 1-12-10

Installed by: Ground breakers - Shannon Henderson

Operation Permit by: Date: 3/1/10

Existing System Inspected by: Date:

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant