IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 128408 PIN# 4747880906 DATE 7/13/05

OWNER OR CONTRACTOR ODOM BUILDERS INC PHONE: Business 704 902 5704 Home 704 876 3803

ADDRESS 697 BLACKWELDER RD STATESVILLE, NC 28677

LOCATION 21N ⓘ JENNINGS RD Ⓡ BLACKWELDER RD Ⓡ LOT

SUBDIVISION ~~GRAY~~ HUNTER GLEN BLOCK / SECTION ____ LOT 3 LOT AREA 1.25 ACRES SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 11-1-05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: GRAV CONVENTIONAL
Repair System Description: GRAV 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

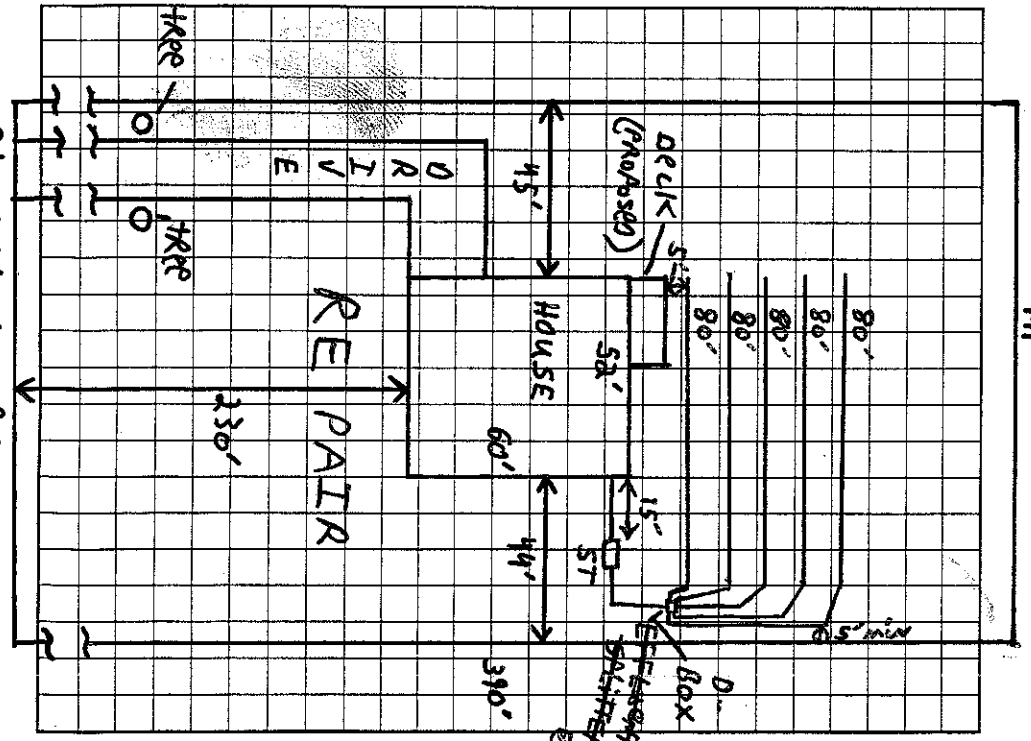
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: MAINTAIN ALL SETBACKS

SCALE 1" = 50'

Comments:/Conditions: Yellow Filter Septic Tank Marker

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: [signature] date 7/13/05

Authorization to Construct by: [signature] date 7/13/05

Installed by: A-1 Backhoe

Operation Permit by: [signature] date 3-10-06

Existing System Inspection by: ____ date ____

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