IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122399 PIN# 4749-63-3965 5904 DATE 7-9-04

OWNER OR CONTRACTOR JOSH & KATHLEEN DANCEY PHONE: Business (704) 929-9164 Home (704) 876-6771

ADDRESS 1409 JENNINGS RD. STATESVILLE NC 28625

LOCATION 21N (L) JENNINGS ON LEFT JUST PAST BOX 1409

SUBDIVISION GAGNON ESTS. BLOCK / SECTION ____ LOT 4 LOT AREA 11.6 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. EXISTING

Septic Tank: 1000 EX. Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet ____ Linear Feet 180

No Lines 2 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

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

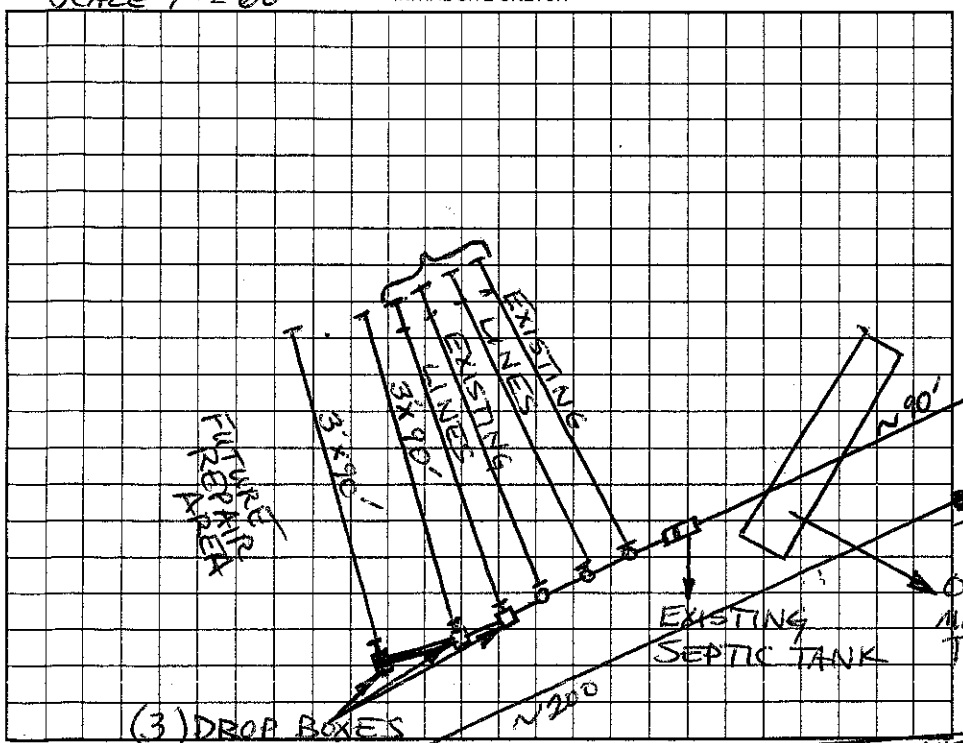
Water Supply: ☐ Individual ☑ Public ☐ Community Iredell Water

Comments/Conditions: (1) INSTALL LINES ON CONTOUR (2) MAINTAIN SETBACKS (3) EXISTING MOBILE HOME MUST BE REMOVED PRIOR TO CONSTRUCTION.

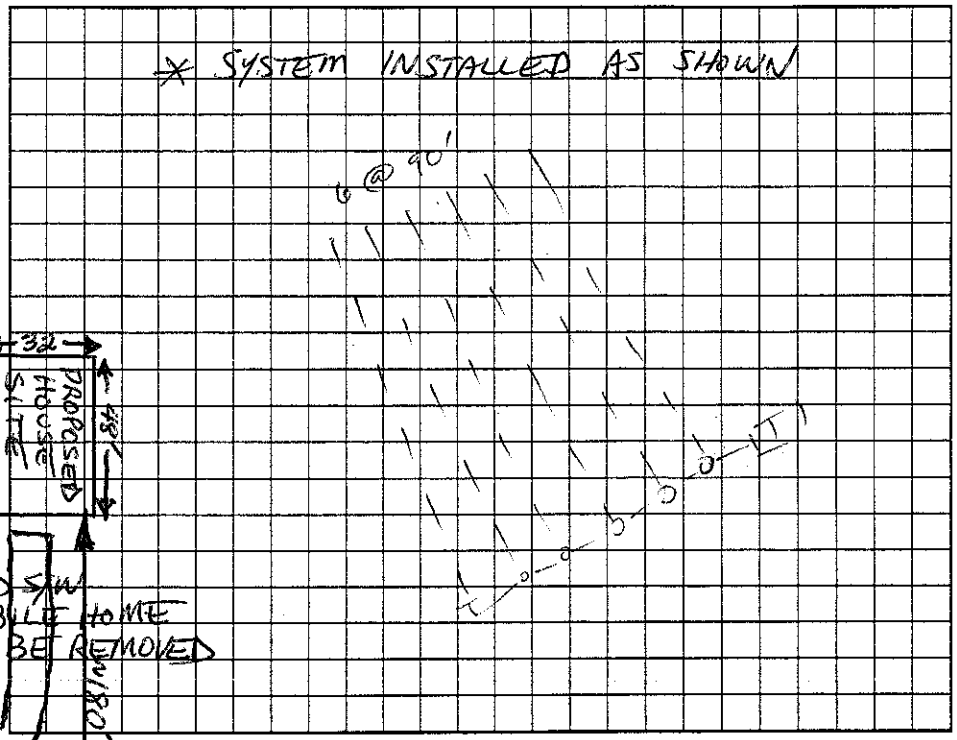
Comments/Conditions: #57 stone

SCALE 1" = 60'

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 7-12-04 Installed by: KENNY MADISON

Improvement Permit by: Christopher M. Shuiff, RS date 7-9-04 Operation Permit by: Christopher M. Shuiff, RS, LS date 1-7-05

Authorization to Construct by: Christopher M. Shuiff, RS date 7-9-04 Existing System Inspection by: ____ date ____

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