IREDELL COUNTY HEALTH DEPARTMENT

CI

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

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

PERMIT# 128059 PIN# 4749-62~~-7518~~ 37105 DATE 6-9-05

OWNER OR CONTRACTOR RODNEY ROBERTSON PHONE: Business 704-880-6991 Home 704-876-6156

ADDRESS 1300 JENNINGS RD STATESVILLE, NC 28625

LOCATION JENNINGS RD NORTH 6.0 PAST FRIENDSHIP RD ON RT IN FIELD BY TOMLIN MILL RD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.873 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 10-4-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet ~~600~~ 1200 Linear Feet ~~600~~ 480'
No Lines 4 x 100' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: CONV
Repair System Description: ~~SAME~~ GW25% REDUCT
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth N/A

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

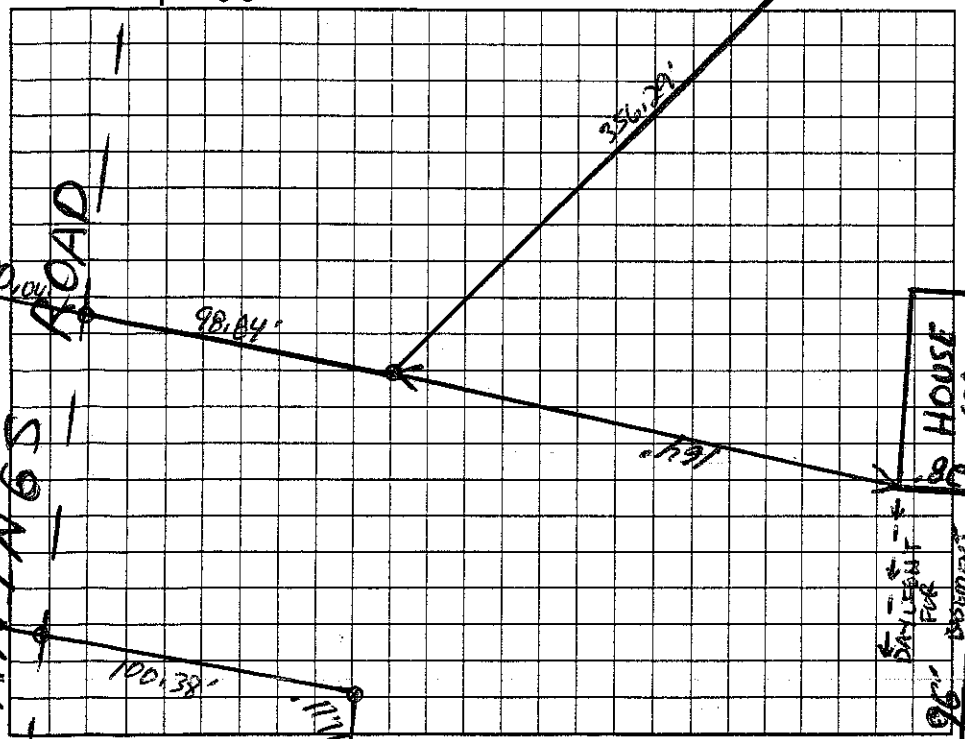
Water Supply:
☐ Individual
☒ Public
☐ Community

Comments:/Conditions: (1) KEEP FALL TO TANK FROM BASEMENT CUT (2) INSTALL LINES ON CONTOURS (3) MAINTAIN SETBACKS.

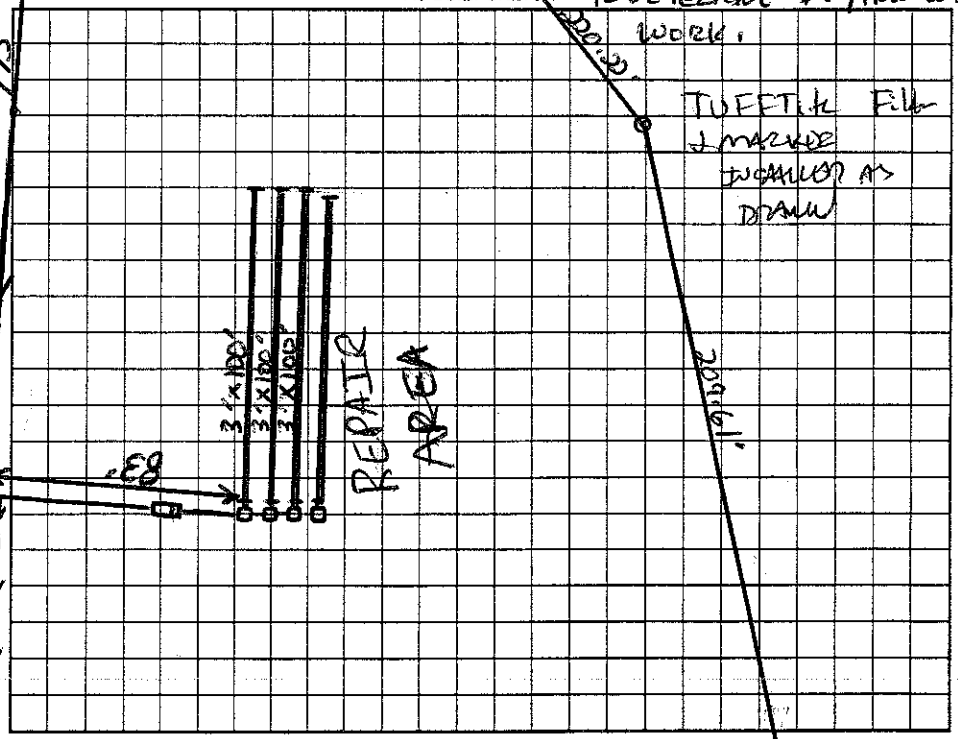
Comments:/Conditions: * OWNER HAD PREVIOUSLY REQUESTED CHAMBERS ON 6-9-05. BY 12-7-05 OWNER REQUEST GRAVEL. MADE VISIT BY INSTALLATION TO DETERMINE IF/HOW WELL WORK.

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: [signature] date 6-9-05 Installed by: SELF INSTALLED RODNEY ROBERTSON

Improvement Permit by: [signature] RS date 6-9-05 Operation Permit by: [signature] RS date 1-6-06

Authorization to Construct by: [signature] RS date 6-9-05 Existing System Inspection by: _____ date _____

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