IREDELL COUNTY HEALTH DEPARTMENT

CT

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

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

PERMIT# 127102 PIN# 4749881579 DATE 1-25-07

OWNER OR APPLICANT Carolina Builders & Realty PHONE: Business 704 924 9147 Home 704 902 7576

ADDRESS Jennings Rd

LOCATION 21N, (1) on Jennings, 2nd on left past Raider Road

SUBDIVISION Raider Heights BLOCK / SECTION ____ LOT 8 LOT AREA .997 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 2000 Gallons/100 Date 2-6-07

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 360

No Lines 3 Trench Width 36" Max Trench Bottom Depth (24")

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: 25% ~~Expansion~~ Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth ____ ☒ Gravity ☐ Pressure

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

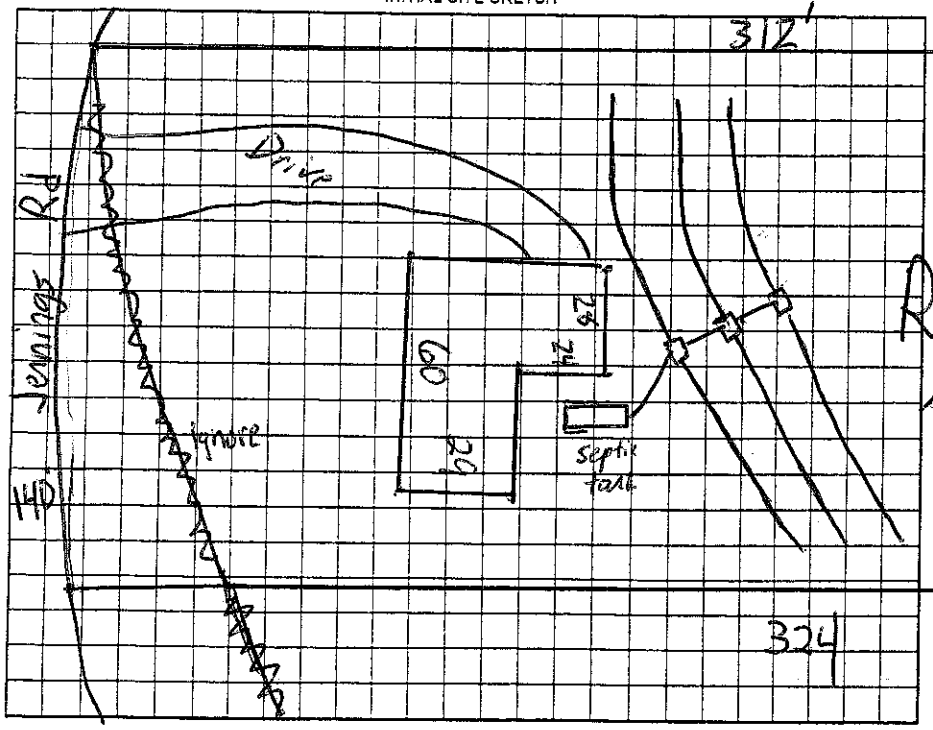
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

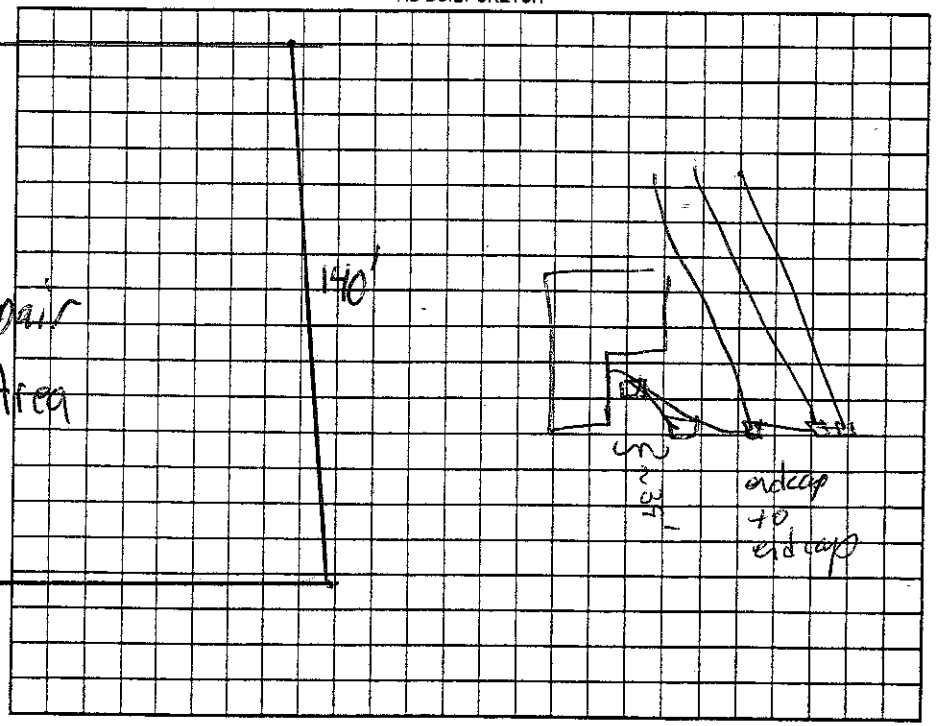
(3) drop boxes
(3) 120' lines

Comments:/Conditions:

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: Mark A. ____ date 1-25-07 Installed by: Wes Lytton

Improvement Permit by: James Drewitz date 1-25-07 Operation Permit by: James Drewitz date 4-5-07

Authorization to Construct by: James Drewitz date 1-25-07 Existing System Inspection by: ____ date ____

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