IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (CV) MOORESVILLE 704-664-5281

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

PERMIT# 133801 PIN# 475107 7351 DATE 2-24-06

OWNER OR CONTRACTOR Addison for PHONE: Business 704-876-0585 Home 704-876-1969

ADDRESS 142 Bottoms RD Statesville NC 28625

LOCATION 175 Exit 45 TL (R) Pitch

SUBDIVISION Kelley Farms BLOCK / SECTION 2 Phase III LOT 35 LOT AREA .75 SITE CLASS P5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank 1000 Gallons; STB 1007 Date 9-10-06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 1200 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: 25% Capacity

Repair System Description: 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

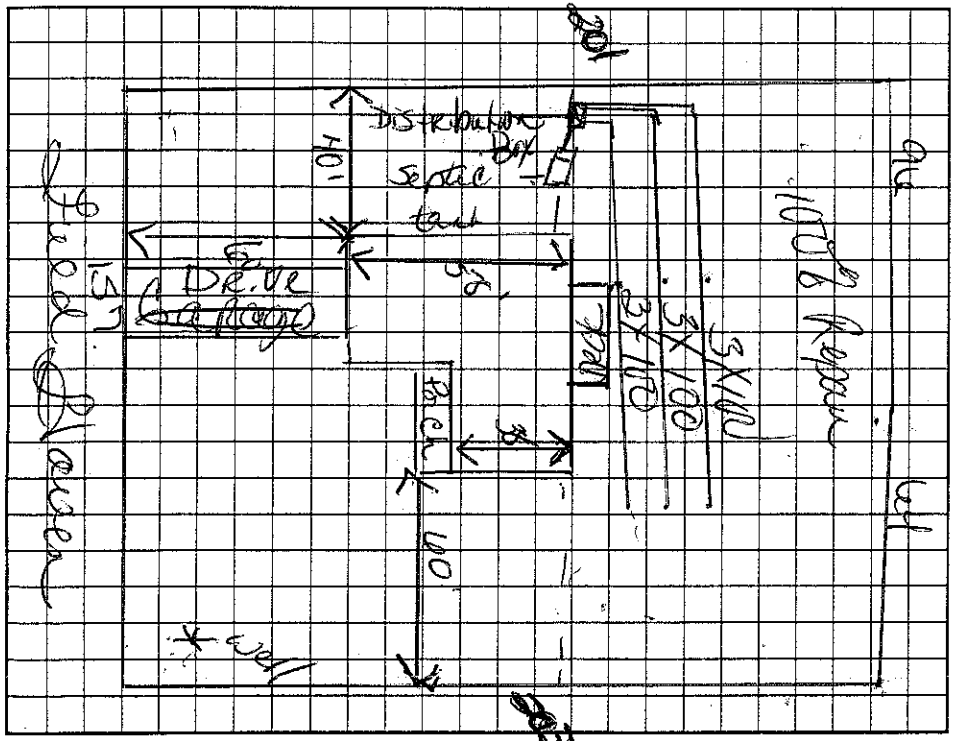
Comments:/Conditions:

Install on contour
Maintain all setbacks

Comments:/Conditions:

after grading call for relayout

INITIAL SITE SKETCH



AS BUILT SKETCH

Brown filled
SI marker

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] Tax date _____

Improvement Permit by: Kelley Cook date 2-24-06

Authorization to Construct by: Kelley Cook date 2-24-06

Installed by: James Hodder

Operation Permit by: [signature] date 10-25-06

Existing System Inspection by: _____ date _____

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