IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139177 PIN# 4752-33-9288 430350 DATE 12-7-06

OWNER OR APPLICANT ALAN CHURCH PHONE: Business 704-902-4783 Home 704-872-7250

ADDRESS 337 DOVER ROAD STATESVILLE NC 28677

LOCATION AMITY HILL ROAD TO TUCKER ROAD CONTINUE TO END ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 3.463 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 3-07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EQ. TO 1200 Linear Feet 300

No Lines THREE Trench Width 36" Max Trench Bottom Depth 30"

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% REDUCTION GRAVITY

Repair System Description: 25% REDUCTION GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth N/A ☑ Gravity ☐ Pressure

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

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

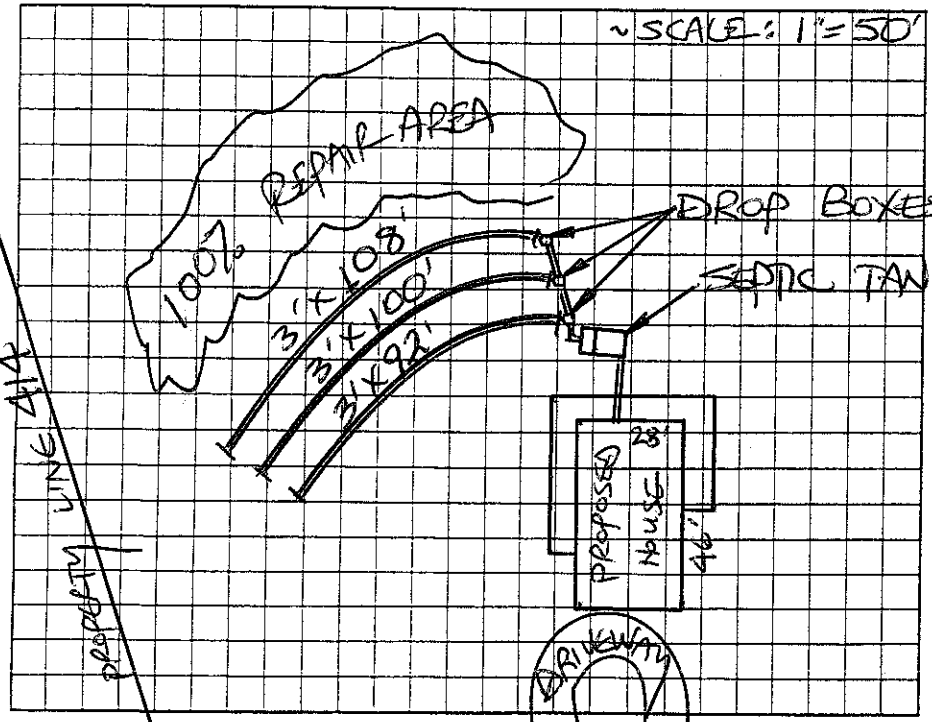
Water Supply: ☑ Individual ☐ Public ☐ Community WELL

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

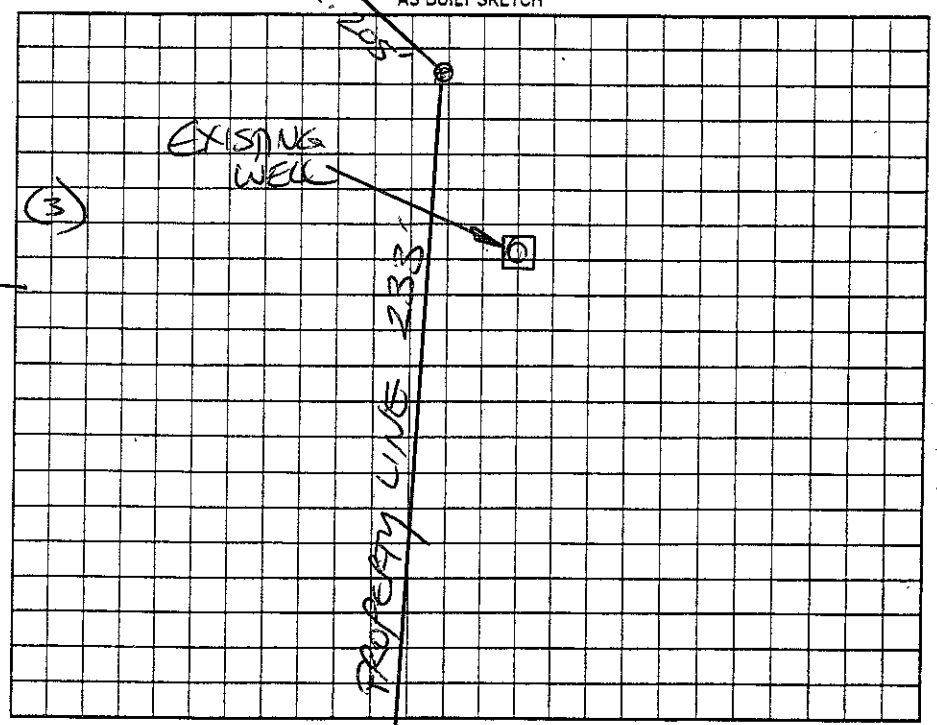
Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR NO DEEPER THAN 30 INCHES ON UP HILL SIDE NO SHALLOWER THAN 18 INCHES ON DOWN HILL SIDE.

Comments:/Conditions: Ted Polyock 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: Diane Knox date 12-8-06 Installed by: Matt Lueker

Improvement Permit by: STEVE HENDRICK date 12-7-06 Operation Permit by: Kristy Cook date 12-3-07

Authorization to Construct by: STEVE HENDRICK date 12-7-06 Existing System Inspection by: _____ date _____

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