+ Expansion 828 - 413 - 3377 - Scott

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 143577 PIN# 4752837481 DATE 10 July 07

OWNER OR APPLICANT Patricia K. Stephens PHONE: Business 704-872-8151 Home 704-878-9833

ADDRESS 145 Trent Rd. Statesville, N.C. 28677

LOCATION Same

SUBDIVISION Loyd Acr BLOCK / SECTION ____ LOT 27 LOT AREA 1 Ac. SITE CLASS. PS DESIGN FLOW 360 gpd. L.T.A.R. 0.3 gpd/ft²/day

Septic Tank: Existing Gallons: STB ____ Date ____

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 100

No Lines 2 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ____

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

System Description: 25% Reduction

Repair System Description: 50% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

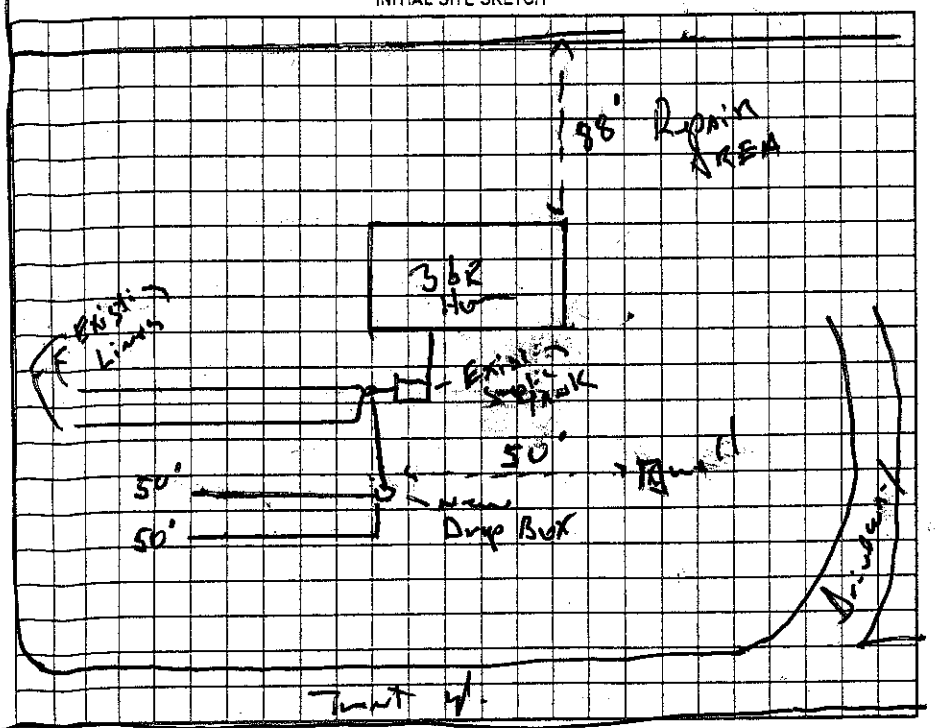
Water Supply: ☑ Individual ☐ Public ☐ Community

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

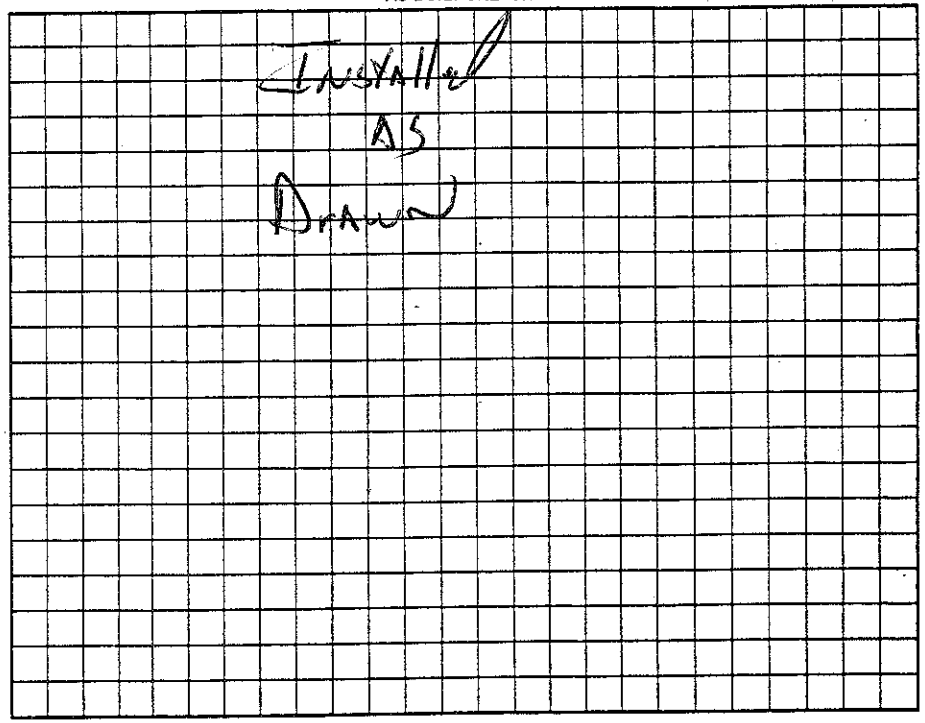
Comments/Conditions: Add D-Box to 2 50' lines.

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: Patricia K. Stephens date 16 July 07

Improvement Permit by: [signature], R.S. date 10 July 07

Authorization to Construct by: [signature], R.S. date 10 July 07

Installed by: Kayne P. Gerding

Operation Permit by: [signature], R.S. date 17 Sept. 07

Existing System Inspection by: ____ date ____

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