IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # REPAIR PIN # 4756245223 DATE 8-6-09

OWNER or APPLICANT GERRY JPHYLLIS JORDAN PHONE: Business 704-880-1197 Home: 704-876-4105

OWNER or APPLICANT ADDRESS 468 JANE SOWERS RD STATESVILLE NC 28625

LOCATION / DIRECTIONS 21 (N) (R) JANE SWEES (R) AT BOX # 468

SUBDIVISION _____ BLOCK / SECTION _____ LOT # _____ LOT AREA 1.25 DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank 1000 Gallons: STB 760 Date 6-1-09

Pump Tank _____ Gallons: P T _____ Date _____

Pump Make _____ Model _____ Serial # _____

Nitrification Field No Fields / No Lines _____ Linear Feet _____

Trench Width _____ Max. Trench Bottom Depth _____ Gravel Depth _____

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

System Description: NEW TANK CONN 60W

Repair System Description: _____

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 2

☐ Other No. Employees _____

☐ Slab ☒ Crawl Space

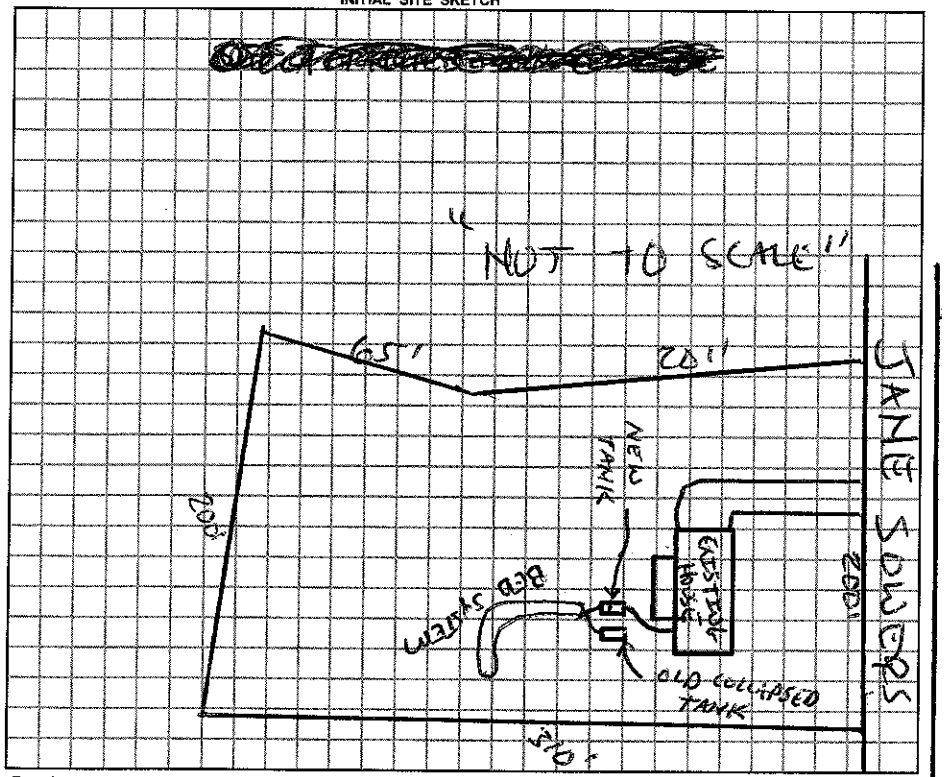
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions (1) Replace collapsed tank (2) Pump, crush & Fill TANK OLD TANK (3) THIS Permit Serves As Notice of Violation & must be repaired within 30 DAYS

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 w / plan valid without expiration* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: Gerry Jordan Date 8-6-09

Improvement Permit by: _____ Date 8-6-09

Authorzation to Construct by: _____ Date 8/6/09

Installed by: David Lentz

Operation Permit by: _____ R.S. Date: 7 August 09

Existing System Inspected by: _____ Date: _____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant