IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111600 PIN# 4756-46-9628 DATE 03-25-03

OWNER OR CONTRACTOR JONNIE & DEBORAH SOWERS PHONE: Business _____ Home 704-876-6189

ADDRESS 635 JANE SOWERS RD STATESVILLE NC 28625

LOCATION 21 NORTH, (R) JANE SOWERS, (L) AT BOX # 635 ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.0 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .35

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet 1371 Linear Feet 170'

No. Lines 2X85' Trench Width 36" Max Trench Bottom Depth [redacted] Gravel Depth 12"

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

System Description: EXPANSION CONV GRAV

Repair System Description: PUMP/GRAV 25% REDUCT

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

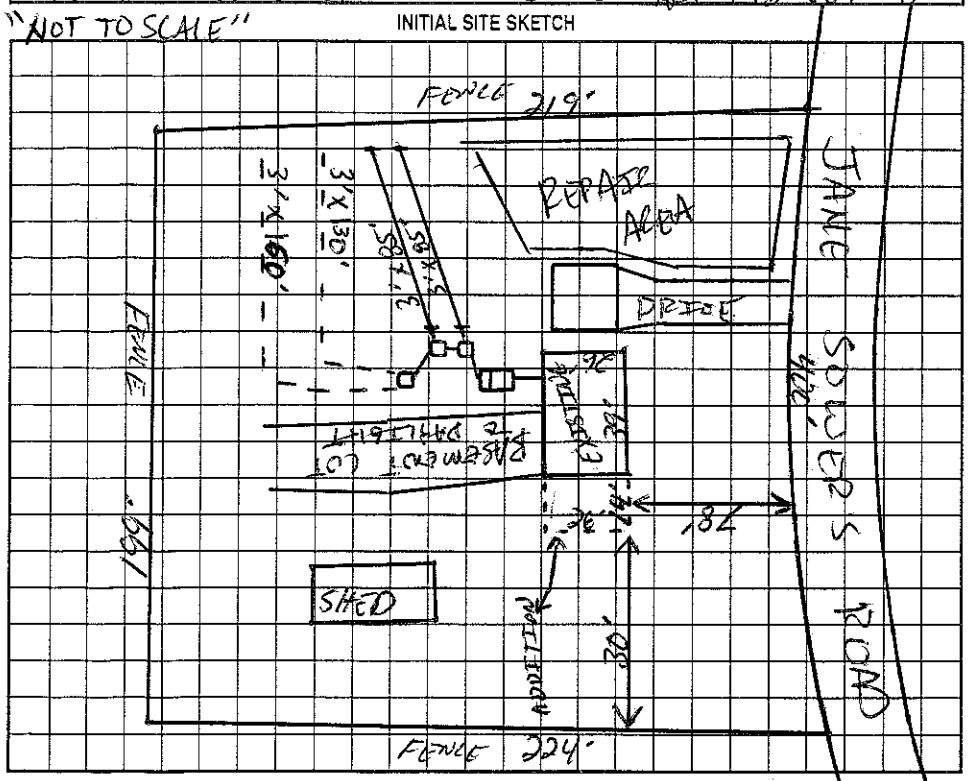
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: (1) CALL PRIOR TO INSTALLATION FOR CONSULTATIVE VISIT (2) MAINTAIN SETBACKS (3) THE 2 NEW LINES ARE FED WITH DROP BOXES & LAST TWO LINES ARE FED OUT OF

Comments:/Conditions: 1 DIST BOX WITH SPEED LEVELERS (4) LINES NEED TO START OUT 24" DEEP AT BEGINNING & WILL END UP A MAXIMUM OF 32" DEEP ON ENDS, MAINTAIN AT LEAST 12" OF COVER & DIG SO IT WILL BACK UP TO BOXES.

"NOT TO SCALE" INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED AS SHOWN

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: Debbie Sowers date 03-26-03 Installed by: JAMES HUDDLE

Improvement Permit by: [signature] RS date 05-25-03 Operation Permit by: [signature] RS date 04-04-03

Authorization to Construct by: [signature] RS date 03-25-03 Existing System Inspection by: _____ date _____

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