# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 88329 PIN# 4757 07 0479 DATE 4-10-00

OWNER OR CONTRACTOR Nathan Rash PHONE: Business _____ Home 876 1561

ADDRESS 262 Snow creek Rd statesville N.C.

LOCATION Jennings Rd TR Reeves TL Rynel 3rd lot on left

SUBDIVISION Ambelsite BLOCK / SECTION 2 LOT 3 LOT AREA .52acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 312 Date 5-22-00

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity 25% Reduction

Repair System Description: Pump to 25% Reduct.

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

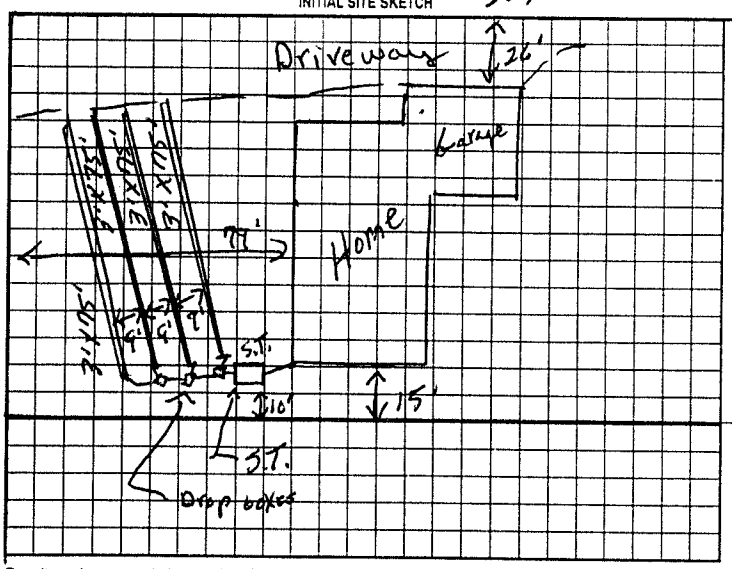
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

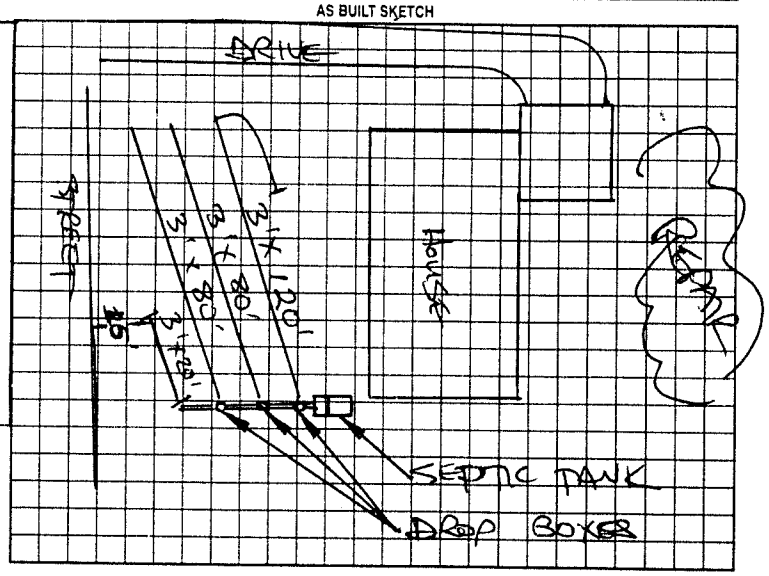
Comments/Conditions:

Comments/Conditions: ① SEPTIC TANK WITH MARKER INSTALLED USING "ZABEL" FILTER ② SYSTEM INSTALLED USING 30 HDS SECTIONS

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: Nathan Rash date 4/12/00 Installed by: ANDY DANIELS

Improvement Permit by: P.C. Moore date 4-10-00 Operation Permit by: STEVE HORICK date 8-22-00

Authorization to Construct by: P.C. Moore date 4-10-00 Existing System Inspection by: _____ date _____

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