IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (CY) MOORESVILLE 704-664-5281

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

PERMIT# 10737 PIN# 4757070877 776 DATE 8-23-05

OWNER OR CONTRACTOR Janice Grey PHONE: Business Home 704-872-8941

ADDRESS 962 N. Todd St. Statesville, NC 28677

LOCATION 21 N (R) Jennings Rd (R) Reeves (L) Rydell Lot on left

SUBDIVISION Amblerside BLOCK / SECTION II LOT 56 LOT AREA .993 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 2-9-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____

No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth _____

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

System Description: 25% gravity

Repair System Description: 50% pump

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

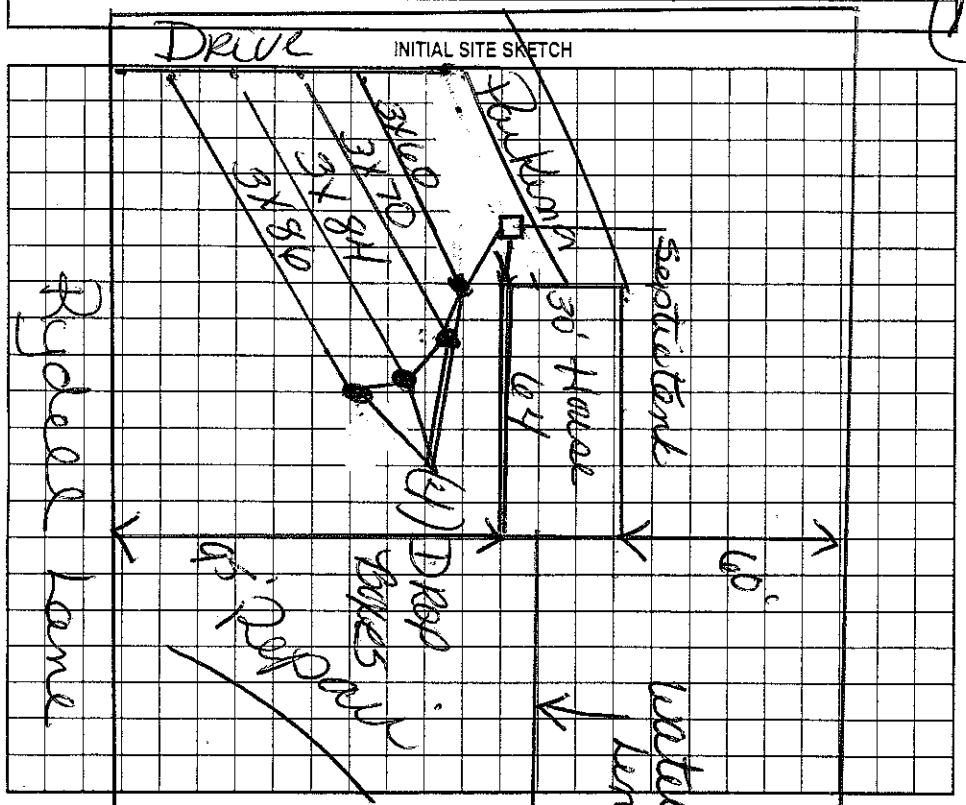
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

Comments/Conditions: Install on contour maintain set backs

Comments/Conditions: 24" max trench depth yellow safe intake installed Septic tank risers installed

INITIAL SITE SKETCH



AS BUILT SKETCH

(1" = 50')

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: Janice McGuire Grey date 10/4/05 Installed by: A-1 Backhoe

Improvement Permit by: Kelly Cook date 8-23-05 Operation Permit by: Kelly Cook date 11-7-05

Authorization to Construct by: Kelly Cook date 8-23-05 Existing System Inspection by: _____ date _____

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