* Addition to house

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 159749 PIN # 4757-48-2009 DATE 22 February 2010

OWNER or APPLICANT Nick Connett PHONE: Business Home: (704) 876-2420

OWNER or APPLICANT ADDRESS 155 Four winds Dr. Statesville

LOCATION / DIRECTIONS Hwy 21 N TL Maple Creek TL Four Winds Dr. 8th lot on left.

SUBDIVISION Maple Creek BLOCK / SECTION 1 LOT # 26 LOT AREA 1.1 DESIGN FLOW 480 g/d - total L.T.A.R. 0.3 g/ft²

Septic Tank (Exist.) Gallons: STB Date

Pump Tank Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields 1 No Lines 1 Linear Feet 100'

Trench Width 36" Max. Trench Bottom Depth 30" Gravel Depth NA

☐ 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

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 4

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☑ Crawl Space

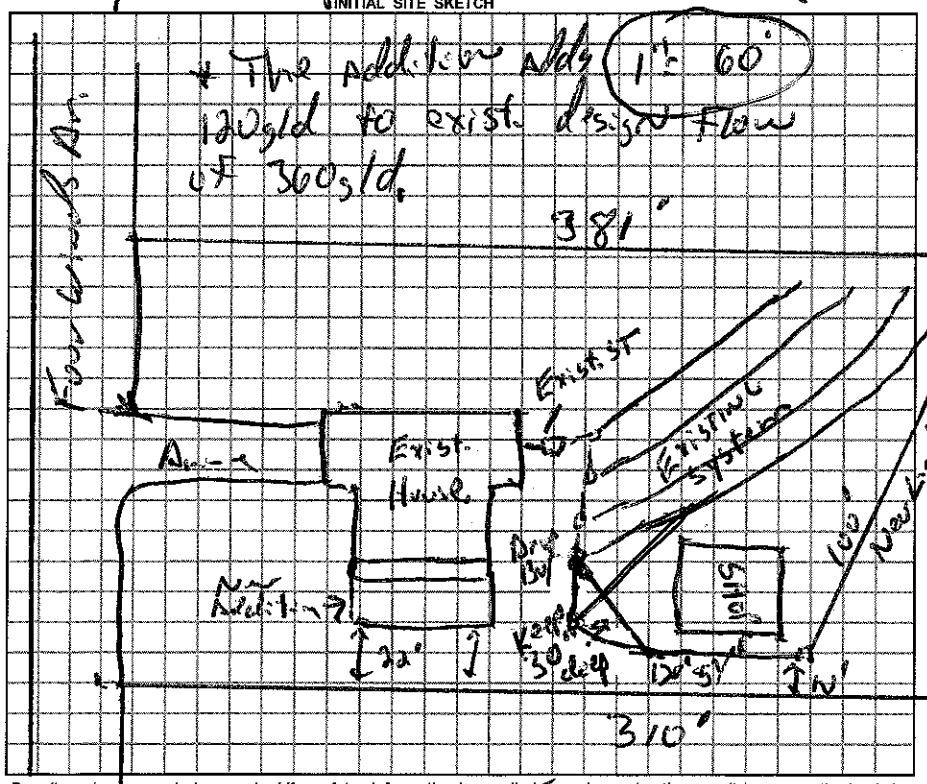
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

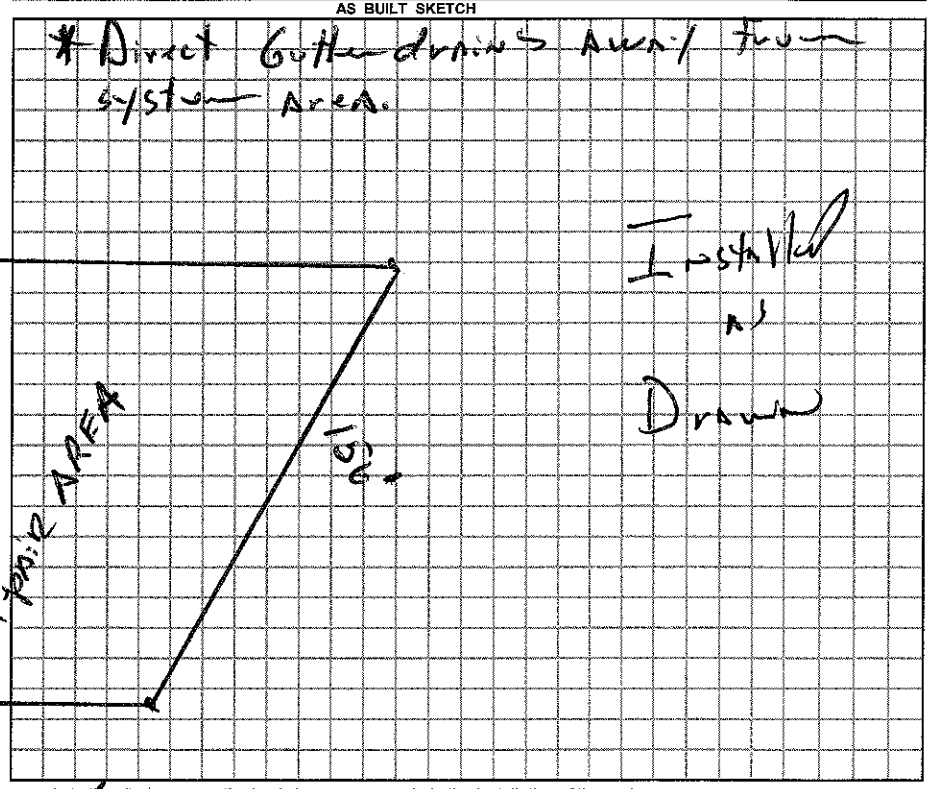
Comments / Conditions * Addition to existing house, will have a total of 4 bedrooms with a net addition of 1 addition - 1 bedroom. Shop building encroaching into permitted repair area. Addition / Repair

Comments / Conditions Located down slope and in front of house if necessary. * Supply line in front of shop shall have 30" of cover.

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 / plat 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: [signature] Date 2-28-10

Improvement Permit by: [signature], R.S. Date 22 Feb. 10

Authorization to Construct by: [signature], R.S. Date 22 Feb. 10

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: Steve Jordan

Operation Permit by: [signature], R.S. Date: 20 Mar. 10

Existing System Inspected by: Date:

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