IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 49941 PIN# 4757958857 DATE 5-13-08

OWNER OR APPLICANT Andrea Ballard PHONE: Business _____ Home 704-873-7582

ADDRESS 314 Hunter Gate Statesville NC 28625

LOCATION 21N to Hunter Gate On left between Hunter circle entrances

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.07 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .125

Septic Tank: 1000 Gallons: STB 760 Date 8-24-08

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 1440 Linear Feet 360

No Lines 5 Trench Width 36" Max Trench Bottom Depth 24"

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

System Description: 25% to Grant

Repair System Description: 50% (on Plan)

Maintenance Agreement Required: ☑ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

☐ Other _____

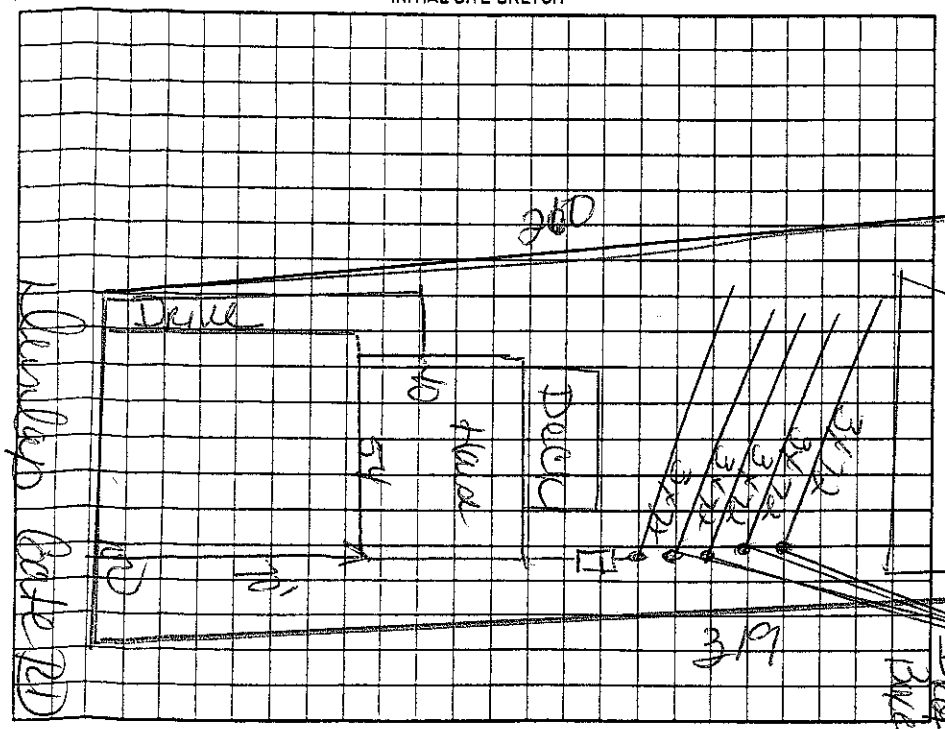
Water Supply: ☐ Individual ☑ Public ☐ Community

Gravel Depth _____ ☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

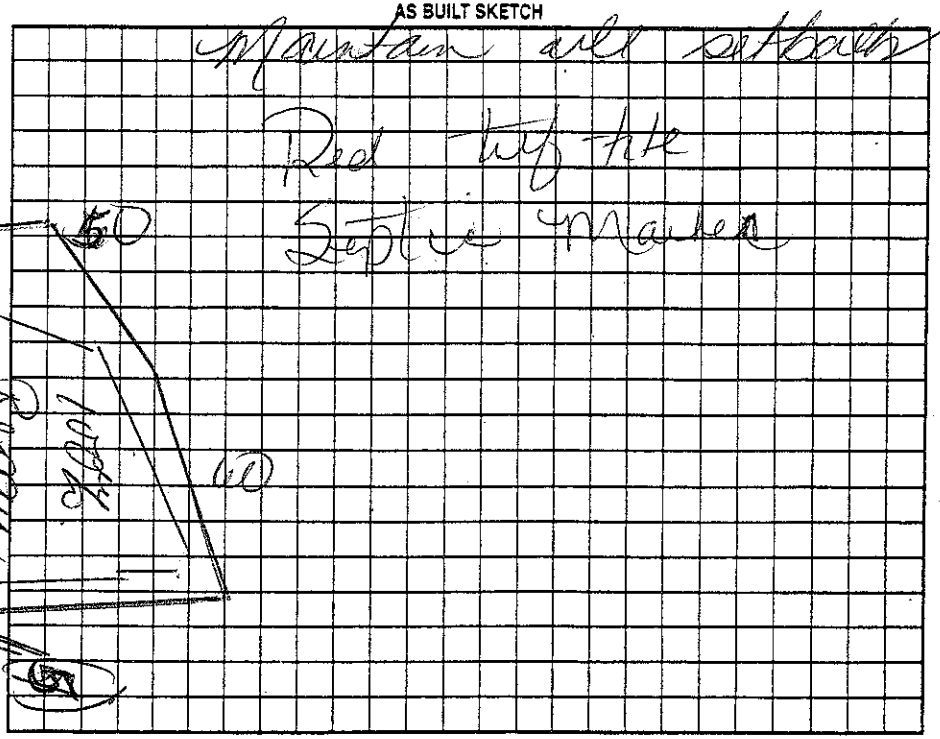
Comments/Conditions: 12-23-08 Approved 48x28' 3 Bedroom House plan. Keep proper fall from stubout to tank & drainfield maintaining 24" Trench Bottom Depth.

Comments/Conditions: 24" Trench Bottom installed on Contour

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: Andrea Ballard date 5/14/08

Improvement Permit by: [signature] date 5-13-08

Authorization to Construct by: [signature] date 12-23-08

Installed by: Abel Grading

Operation Permit by: [signature] date 2-25-09

Existing System Inspection by: _____ date _____

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