IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 142834 PIN# ~~4646062701~~ 4760965512 Keith DATE 6-14-07

OWNER OR APPLICANT Ashcraft Custom Homes PHONE: Business 876-6104 Home 634-7082

ADDRESS 106 Morning Dove Ln Statesville, NC 28625

LOCATION Brawley School Rd TL Canvasback TL Turnberry Property on right

SUBDIVISION St. Andrew's Village BLOCK / SECTION ____ LOT 23 LOT AREA .49Acre SITE CLASS. PS DESIGN FLOW 240gpd L.T.A.R. 0

Exist Septic Tank: 1000 Gallons: STB ____ Date ____

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 3 Trench Width 36" Max Trench Bottom Depth ____ Gravel Depth 12"

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

System Description: Existing Gravity-Conventional

Repair System Description: Gravity 25% Reduct.

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Persons ____ No. Employees ____

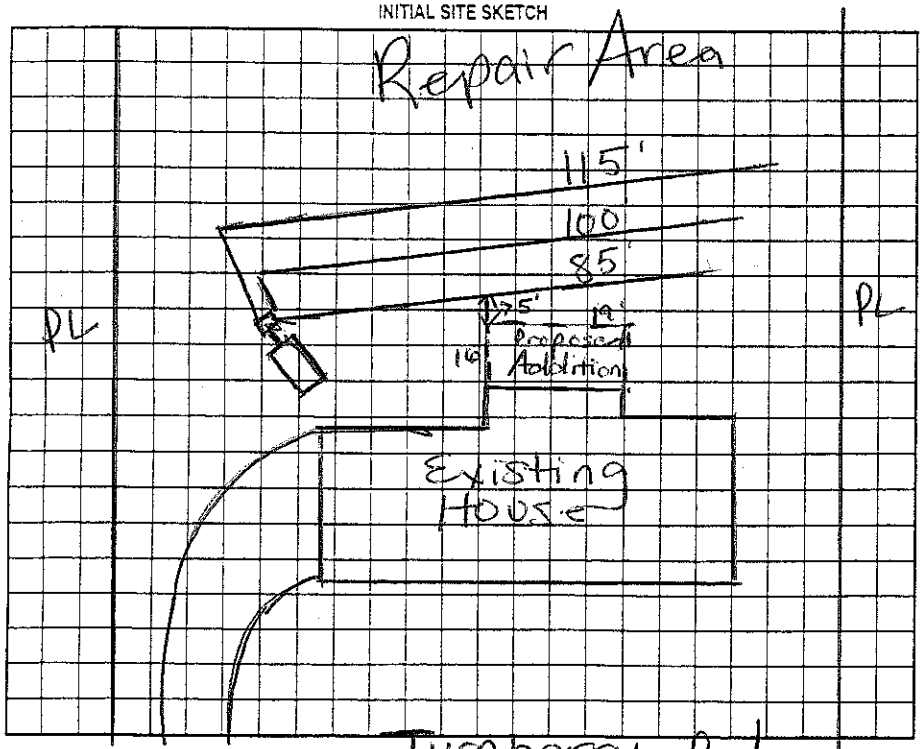
Water Supply: ☐ Individual ☒ Public ☒ Community

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

Comments/Conditions: Existing Septic System appears to be functioning okay at time of inspection

Comments/Conditions: Must keep addition at least 5ft From Septic System
Note: Number of bedrooms will not change

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: Danny L. Ashcraft date ____ Installed by: ____

Improvement Permit by: Marie H. Dotson RS date 6/15/07 Operation Permit by: ____ date ____

Authorization to Construct by: Marie H. Dotson RS date 6/15/07 Existing System Inspection by: Marie H. Dotson RS date 6/15/07

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