IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 150660 PIN# 4762763044 DATE 6-12-08

OWNER OR APPLICANT Carl Rochester PHONE: Business _____ Home 704-873-6255

ADDRESS 227 Log Cabin RD Statesville NC 28677

LOCATION 70E (R) Hoppler (R) Cowhouse (L) Pine Tree (R) 2nd log cabin 3rd on Right

SUBDIVISION Pine Tree Farms BLOCK / SECTION _____ LOT 24 LOT AREA 2ac SITE CLASS B DESIGN FLOW 360 L.T.A.R. .2 EVTST

Septic Tank: Exist 1000 Gallons; STB 1012 Date 6-25-99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 1200 Linear Feet 300 ODS / 100

No Lines 5 Exist 2 new Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth ___

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

System Description: 500' Gravel Existing 700 25% Red

Repair System Description: Pump 25% Red

Maintenance Agreement Required: ☐ Yes ☑ No

☑ Gravity ☐ Pressure

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

☐ Other _____

Water Supply: ☐ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

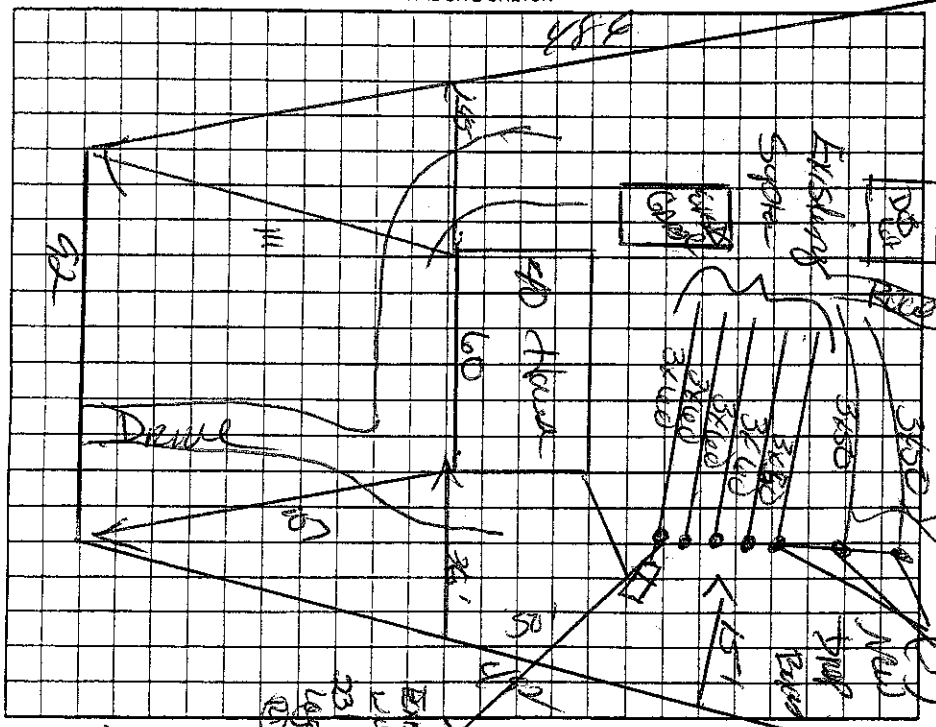
24" Trench Existing Lines Good

Comments:/Conditions:

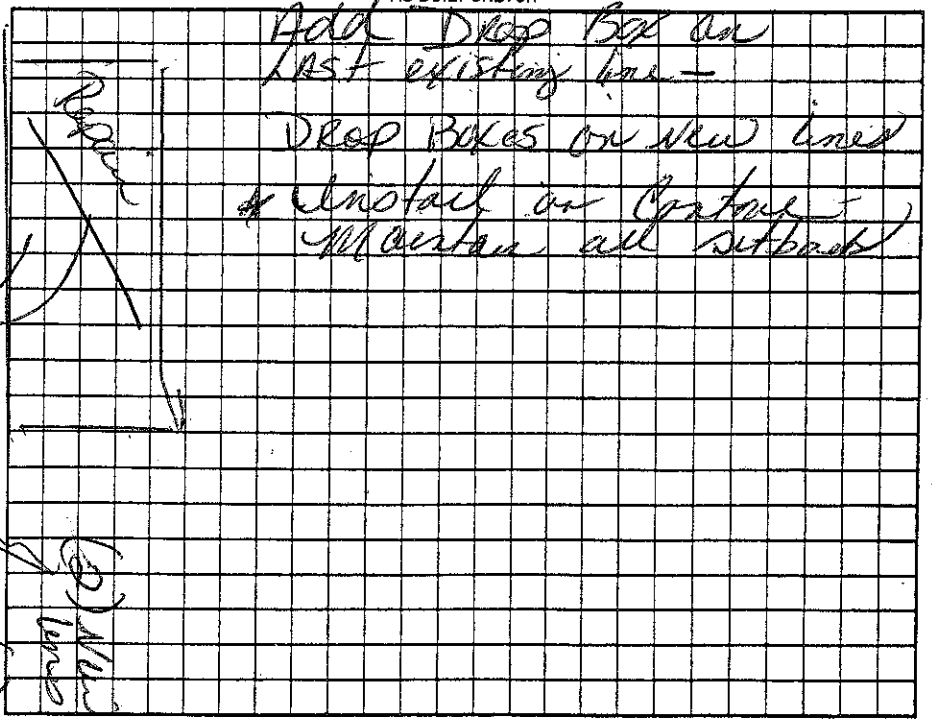
5 Existing Lines

ADD 2 new 50' lines 25% Reduction

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 _____ date _____ Installed by: _____

Improvement Permit by: Keith Cook date 6-12-08 Operation Permit by: _____ date 7-1-08

Authorization to Construct by: Keith Cook date 6-12-08 Existing System Inspection by: _____ date _____

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