IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 4763-69-1206 DATE 3-23-06

OWNER OR CONTRACTOR JANE RASH PHONE: Business _____ Home 704-871-2883

ADDRESS 837 BELL FARM ROAD STATESVILLE NC 28625

LOCATION US 64 EAST TR BELL FARM ROAD, ON LEFT AT Bbx # 837 (ACROSS FROM BELLWOOD LOOP (2ND))

SUBDIVISION OAK CREEK BLOCK / SECTION II LOT 319/320 LOT AREA 0.96 ACRE SITE CLASS. PS DESIGN FLOW 420 L.T.A.R. 0.25 GPD/FT²

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EST. TO 1200 Linear Feet 300

No Lines THREE (3) Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: _____

Repair System Description: 25% REDUCTION, GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth N/A ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

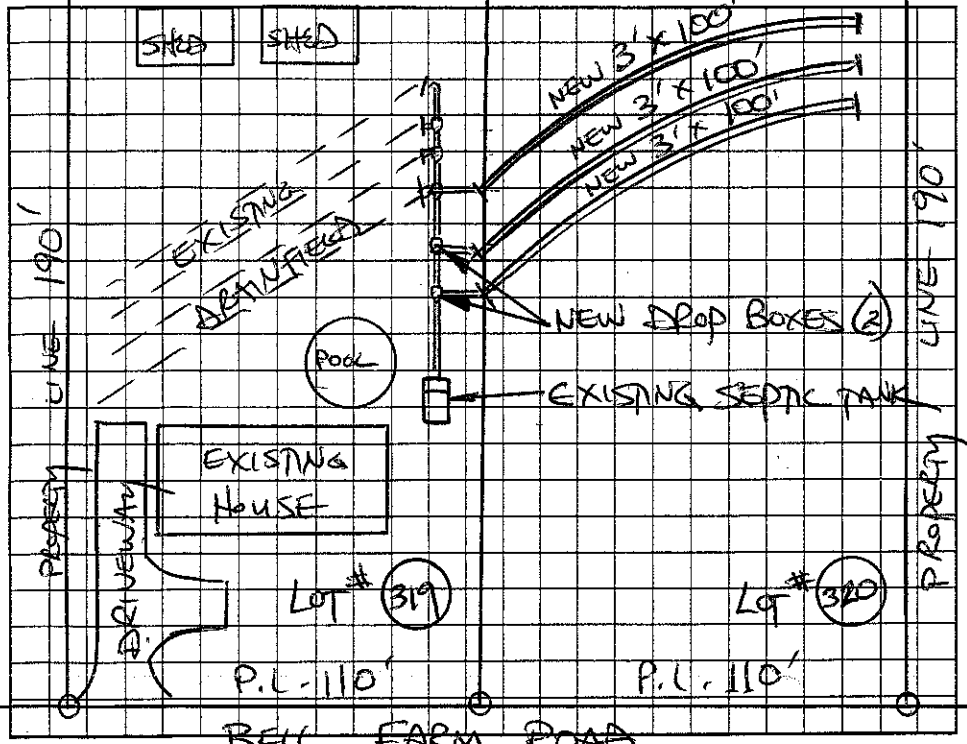
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: (1) RECORDED EASEMENT REQUIRED (2) INSTALL 25% REDUCTION SYSTEM AS SHOWN USING TWO NEW DROP BOXES FOR SERIAL DISTRIBUTION

Comments:/Conditions:

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: Jane H Rash date 3/23/06 Installed by: A-1 Backhoe

Improvement Permit by: STEVE HENDRICK date 3/23/06 Operation Permit by: [signature] date 4-21-06

Authorization to Construct by: STEVE HENDRICK date 3/23/06 Existing System Inspection by: _____ date _____

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