902-4491

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 120558 (120551) PIN# 4764344701 DATE 5-13-08

OWNER OR APPLICANT Jesse Cannon PHONE: Business ______ Home ______

ADDRESS 635 W. Sharpe Street Statesville

LOCATION 64E (R) Bell Farm (R) Sherland (R) Carbus Farm near end on left

SUBDIVISION ______ BLOCK / SECTION 1 LOT 37 LOT AREA .781 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 10 D Date 9-10-07
Pump Tank: 1000 Gallons; PT [illegible] Date 3-24-08
Pump Make Cornell 1/3 Model WE03ILM Serial No. ______
Nitrification Field: No Fields ______ Square Feet 1920 Linear Feet 480
No Lines 4 Trench Width 36" Max Trench Bottom Depth 30"

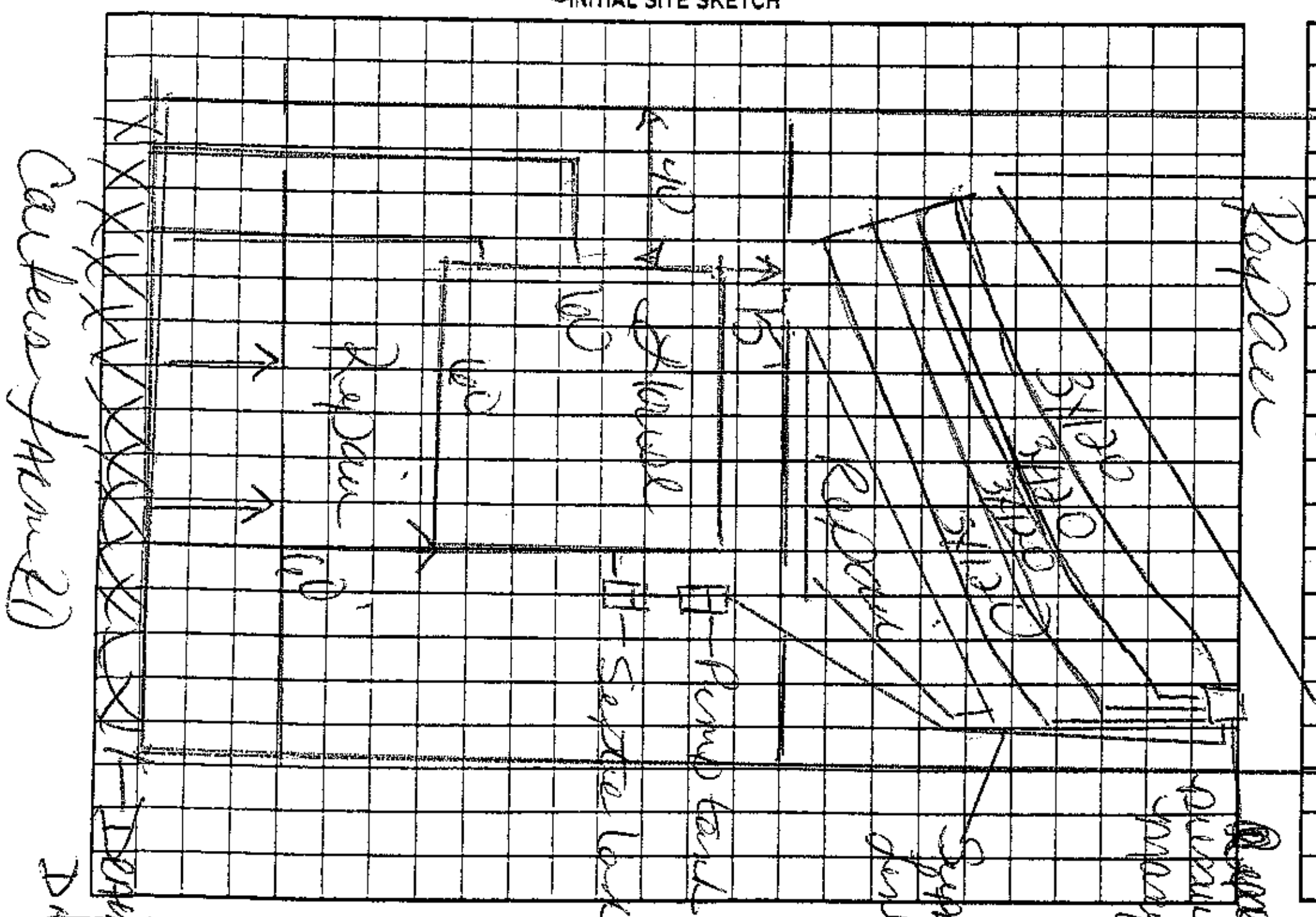
☑ New System ☐ Repair ☐ Expansion System Type: I II ☑III IV V VI
System Description: 25% pump PPD
Repair System Description: 50% LPP
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth ______ ☐ Gravity ☑ Pressure

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ______
No. Bedrooms 4 No. Persons ______ No. Employees ______
Water Supply: ☐ Individual ☑ Public ☐ Community
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

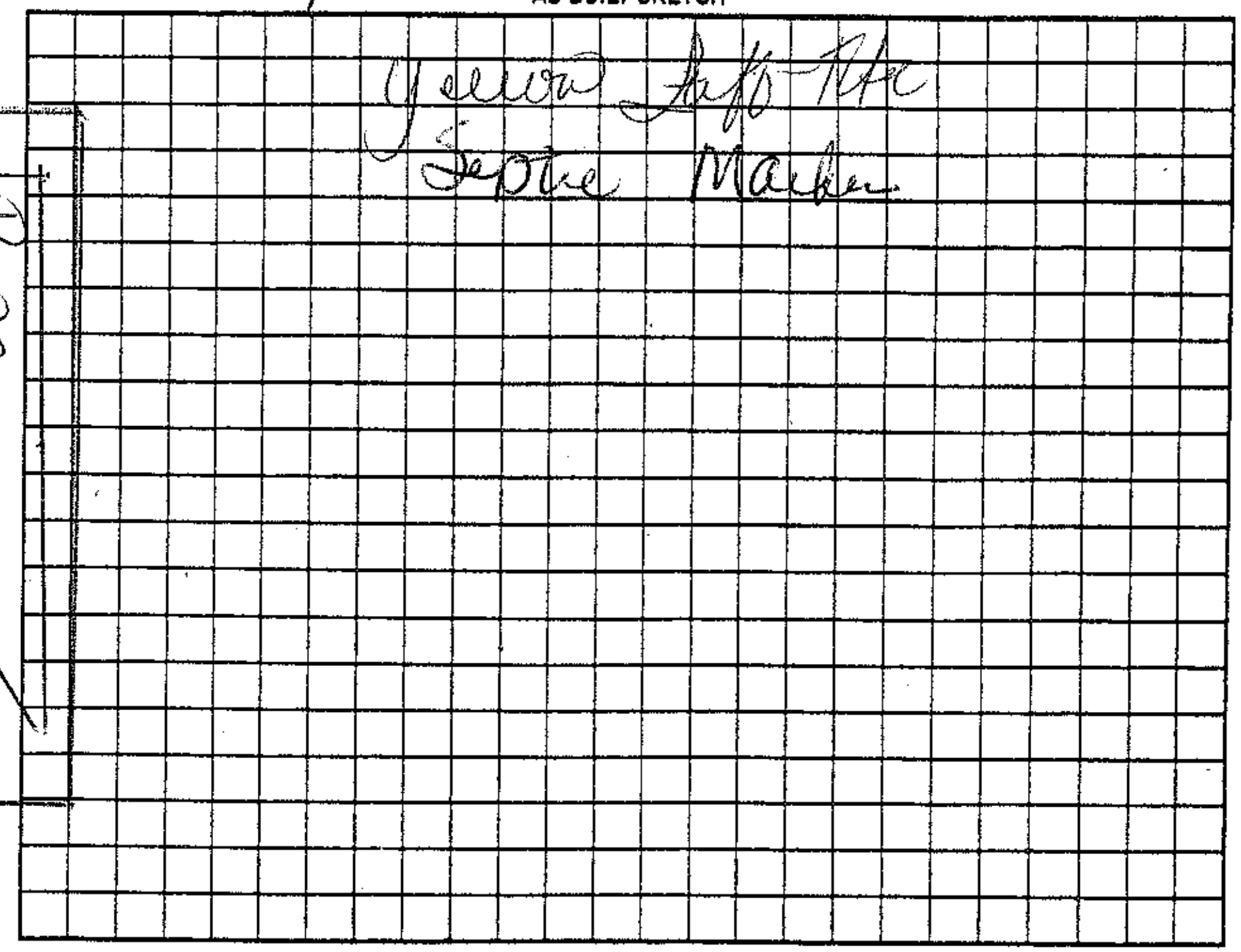
Comments:/Conditions:
Backfill for Positive Drainage

Comments:/Conditions:
* 30" Trench Bottom
Install on Contour
Maintain all setbacks

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: Rebecca Cannon date ______ Installed by: Craig Thompson

Improvement Permit by: Keith Cook date 5-13-08 Operation Permit by: [illegible], RS date 12 June 08

Authorization to Construct by: Keith Cook date 5-13-08 Existing System Inspection by: ______ date ______

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