IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 27294 PIN# 4754441093 DATE 1-10-07

OWNER OR CONTRACTOR Teresa Webber (Nipper) PHONE: Business 704 928-2017 Home 704 872-7939

ADDRESS 222 Shyland Dunn Statesville NC 28625

LOCATION 64E to Bristain RD to Farmwood on left

SUBDIVISION Carlie Oaks BLOCK / SECTION ____ LOT 1 LOT AREA 1.941 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields ____ Square Feet 1480 Linear Feet 360

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ____

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

System Description: 2570 Gravity

Repair System Description: 5820 Low pressure

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

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

Water Supply: ☐ Individual ☐ Public ☐ Community

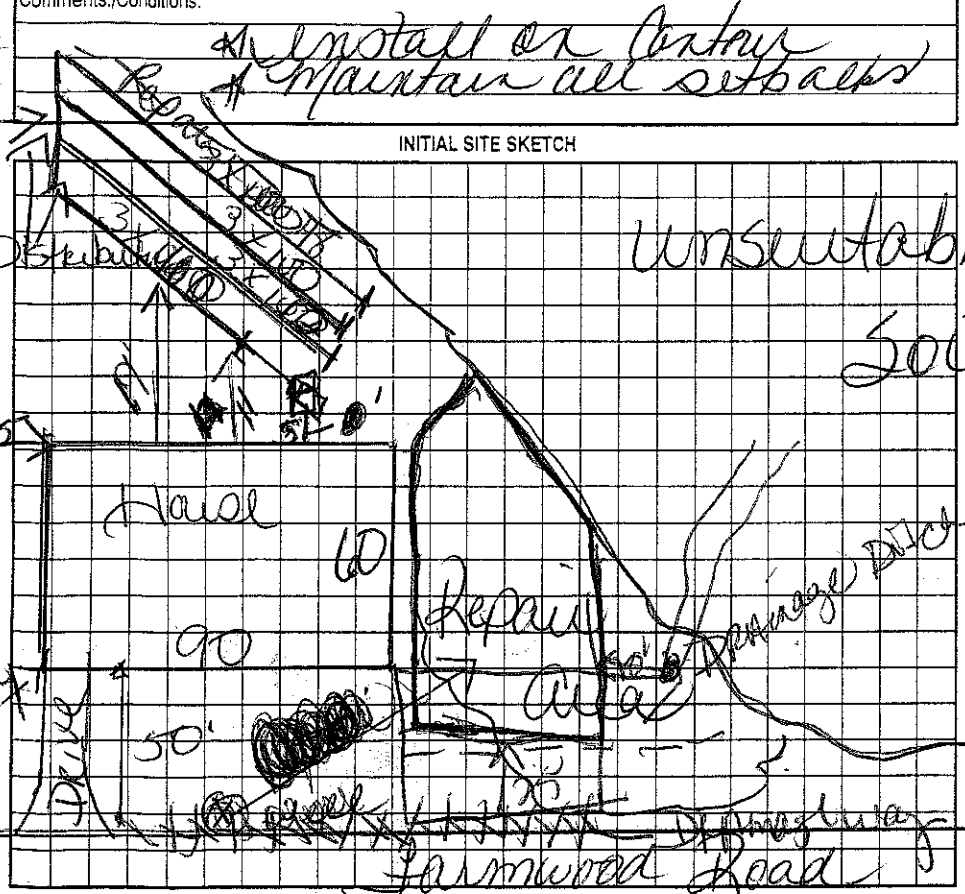
Comments:/Conditions:

* Install on contour
* Maintain all setbacks

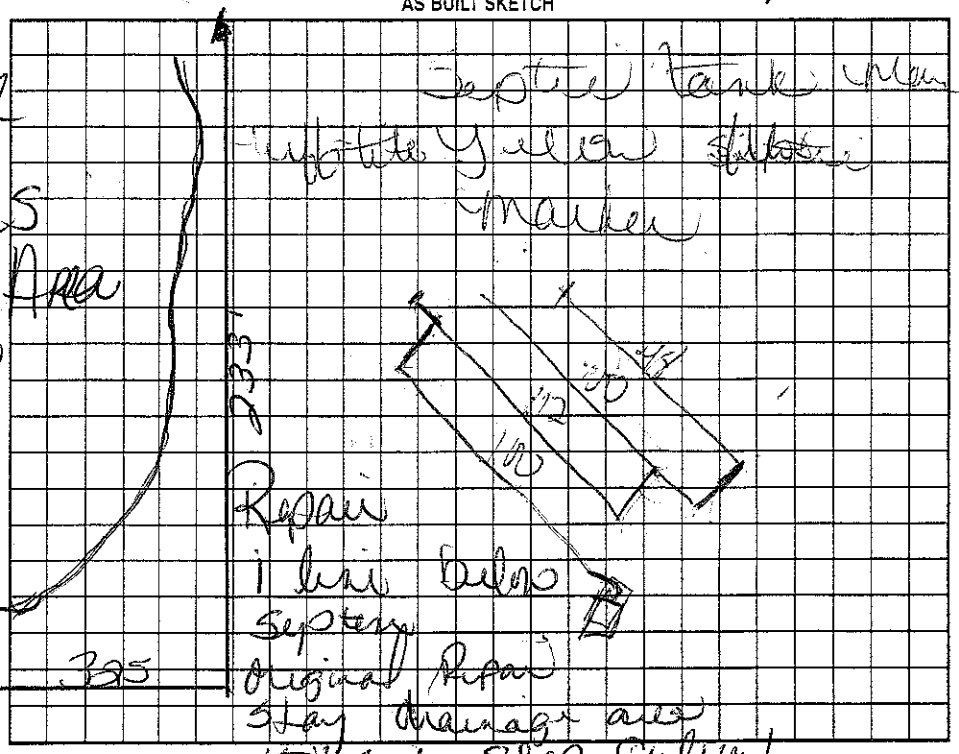
Comments:/Conditions:

* Use end cap distribution
* Maintain 75' from well with initial & all repair.

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 1-12-07 Installed by: H-1 Backhoe

Improvement Permit by: Kelly Cook date 1-10-07 Operation Permit by: Kelly Cook date 8-16-07

Authorization to Construct by: Kelly Cook date 1-10-07 Existing System Inspection by: ____ date ____

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