CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 137663 PIN# 4764458978 DATE 2 Oct. 06

OWNER OR APPLICANT Gene Pickens PHONE: Business 704-902-4857 Home 704-878-9837

ADDRESS P.O. Box 1407 Statesville, N.C.

LOCATION 194 Skyland Dr-e Statesville, N.C.

SUBDIVISION SKYLAND BLOCK / SECTION ____ LOT 13 LOT AREA 0.698ac. SITE CLASS PS DESIGN FLOW 360 / 480 gpd L.T.A.R. 0.3 / 1 ft²/day

Septic Tank: 1000 Gallons; STB 1000 Date 9-20-06

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. 300

Nitrification Field: No. Fields 1 Square Feet 1600 Linear Feet 400

No. Lines 65 Trench Width 3' Max Trench Bottom Depth 36" Gravel Depth ____

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

System Description: 25% Reduction

Repair System Description: 50% Reduction - pressure

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 4 / 5 No. Persons 5 No. Employees ____

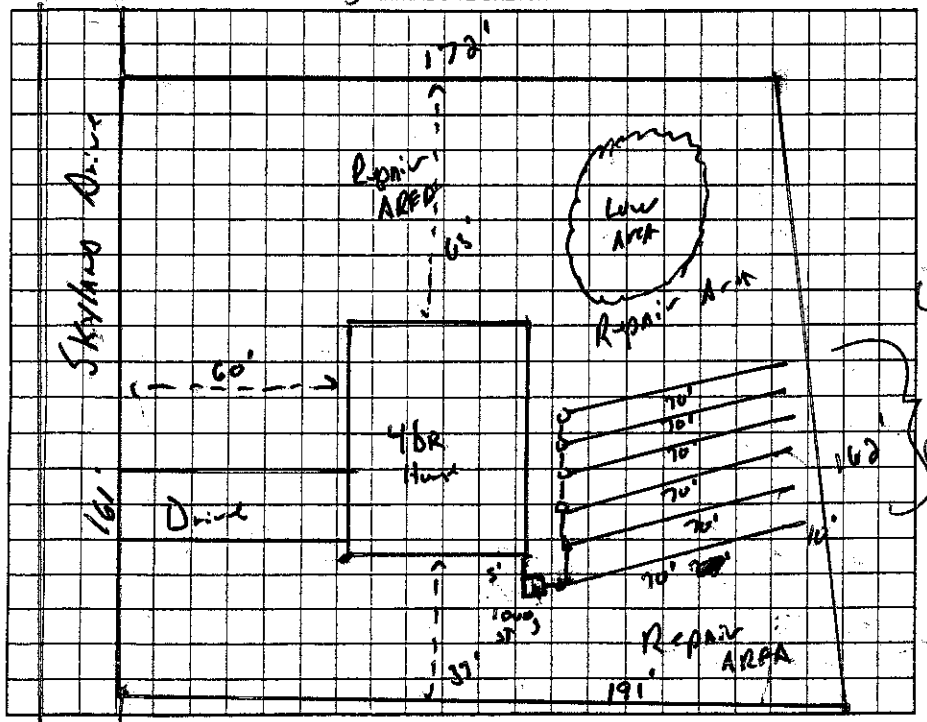
Water Supply: ☐ Individual ☑ Public ☐ Community

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

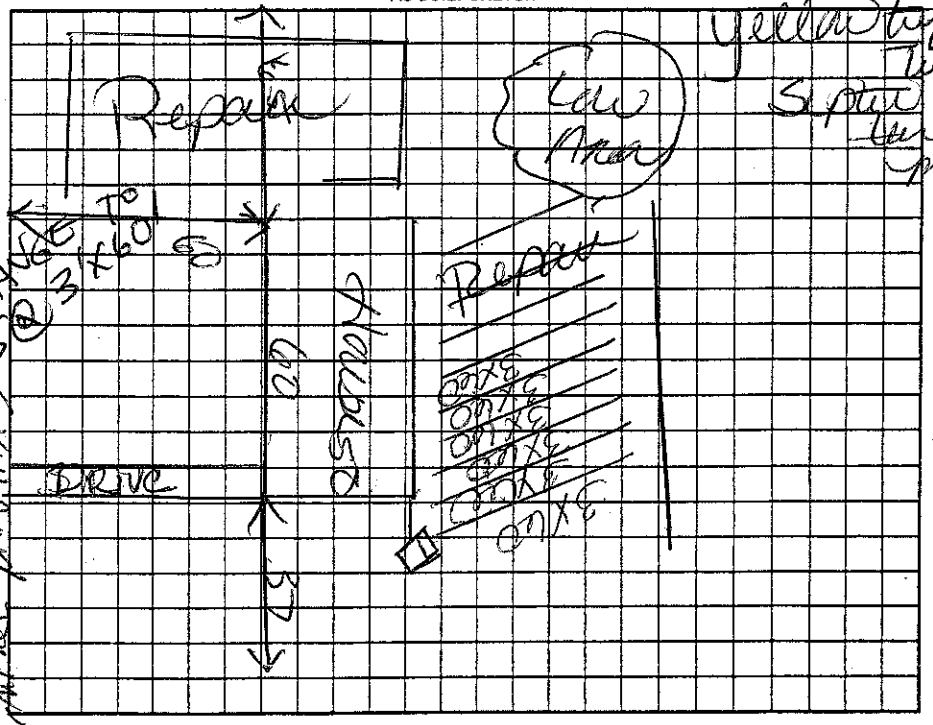
Comments:/Conditions: Follow contour / Keep upslope as far as possible / Remove berm & terrace to allow runoff to shed from system Area. Use to drop boxes

Comments:/Conditions: CHANGE TO 3 BEDROOM. FIVE 25% REDUCTION LINES AT 3'x60' EACH = NO PLUMBING IN BONUS ROOM. PAID $100.00 4-3-07 RSH

5 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 10-3-06 Installed by: Steve Clordan

Improvement Permit by: ____, R.S. date 30 Oct 06 Operation Permit by: ____ date 4-4-07

Authorization to Construct by: ____, R.S. date 3 Oct. 06 Existing System Inspection by: ____ date ____

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