CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 137664 PIN# 4764463798 DATE 29 Sept. 06

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

ADDRESS P.O. Box 1407 Statesville, NC 28687

LOCATION 168 Skyland Drive Statesville, N.C.

SUBDIVISION Skyland BLOCK / SECTION ____ LOT 11 LOT AREA 0.65 ac. SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. 0.275 / 432 gpd

Septic Tank: 1000 Gallons; STB 1012 Date 9-14-06
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1310 ft² Linear Feet 328
No Lines 4 Trench Width 3' Max Trench Bottom Depth 36"

☑ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 25% Reduction
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons 4
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☐ Individual ☑ Public ☐ Community

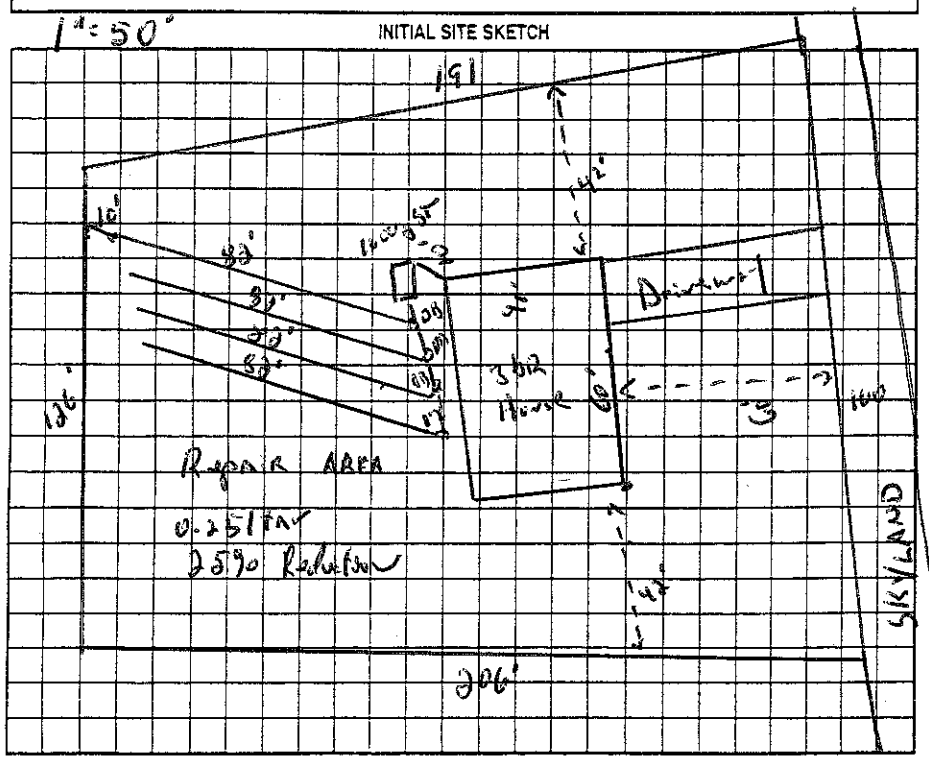
Gravel Depth N/A ☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: Follow contour / Keep upslope as far as possible / Keep run-off diverted away from system. / USE 4 drop boxes

Comments/Conditions:
end cap distribution
Yellow Label Pipe
Septic Alert Marker

INITIAL SITE SKETCH

1" = 50'



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: Gene Pickens date 10-3-06 Installed by: Steve Jordan

Improvement Permit by: Jim Nuzzo, R.S. date 2 Oct. 06 Operation Permit by: Kelli Cook date 11-4-07

Authorization to Construct by: Jim Nuzzo, R.S. date 2 Oct. 06 Existing System Inspection by: ____ date ____

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