*THIS PERMIT REPLACES AND VOIDS PREVIOUS PERMIT ISSUED ON 06/29/06.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 136194 PIN# 4765-73-0391 704-871-0786 DATE 07/13/06

OWNER OR APPLICANT MARTHA YORK PHONE: Business 704-450-7494 Home 704-872-9092

ADDRESS 7527 MOCKSVILLE HWY STATESVILLE, NC

LOCATION HWY 64 E, ON RIGHT, ON CORNER OF FLOYD LN. & HWY 64 @ BOX # 7527.

SUBDIVISION ~~N/A~~ Valley Springs BLOCK SECTION — LOT 14 LOT AREA 0.91 Ac. SITE CLASS. EXIST. DESIGN FLOW 360 GPD L.T.A.R. EXIST.

EXIST

Septic Tank: ~1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet ~870 Ft² Linear Feet 290'

No Lines 3 Trench Width ~36" Max Trench Bottom Depth ? Gravel Depth ? ☒ Gravity ☐ Pressure

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

System Description: CONV., GRAVITY

~~Repair System Description:~~

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH

*NOTES:

*(1) NEW HOME MUST BE 5 FEET OR GREATER FROM ANY PART OF SEPTIC SYSTEM, INCLUDING DECK.

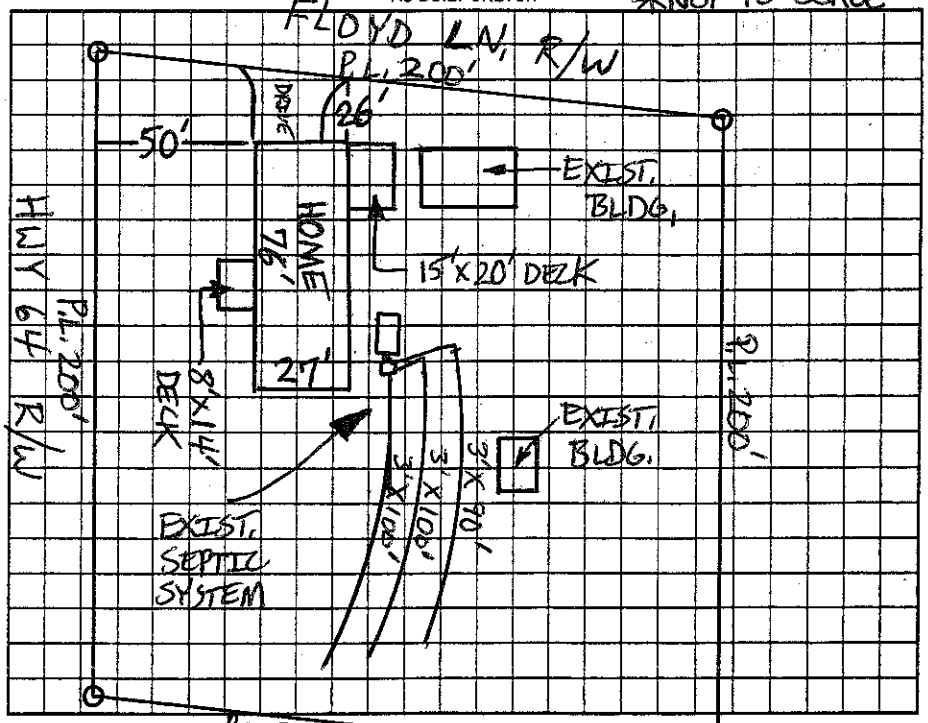
(2) MAXIMUM # OF BEDROOMS, APPROVED FOR 3 BEDROOM.

(3) DO NOT DISTURB SEPTIC AREA

(4) RECOMMEND PUMPING OUT SEPTIC TANK, IF NOT DONE RECENTLY.

(5) THIS PERMIT REPLACES PREVIOUS PERMIT ISSUED ON 06/29/06.

AS BUILT SKETCH *NOT TO SCALE



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 ____ Installed by: ____

Improvement Permit by: ____ date ____ Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: [signature] date 07/13/06

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