IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13658 PIN# 4765945030 DATE 7-11-06

OWNER OR APPLICANT Julie Bennett PHONE: Business 704 546 5124 Home 704 838-7540

ADDRESS 2359 Old Mocksville Road Statesville NC 28625

LOCATION 64 E to Warren Road 2nd Drive on Right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.724 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1007 Date 10-11-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet 1440 Linear Feet 360
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36 Gravel Depth NA ☑ Gravity ☐ Pressure

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

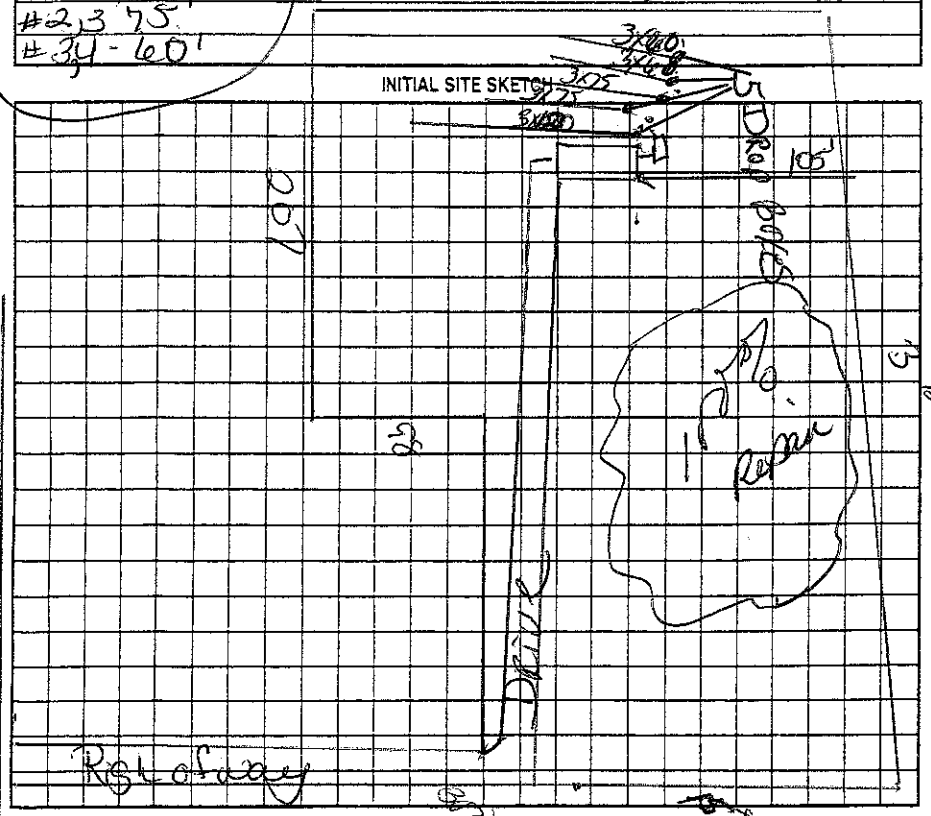
☐ House/Mod. Home No. Bedrooms ___
☐ Mobile Home No. Persons ___
☐ Business No. Employees ___
☐ Other _____

Water Supply: ☐ Individual ☐ Public ☐ Community

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

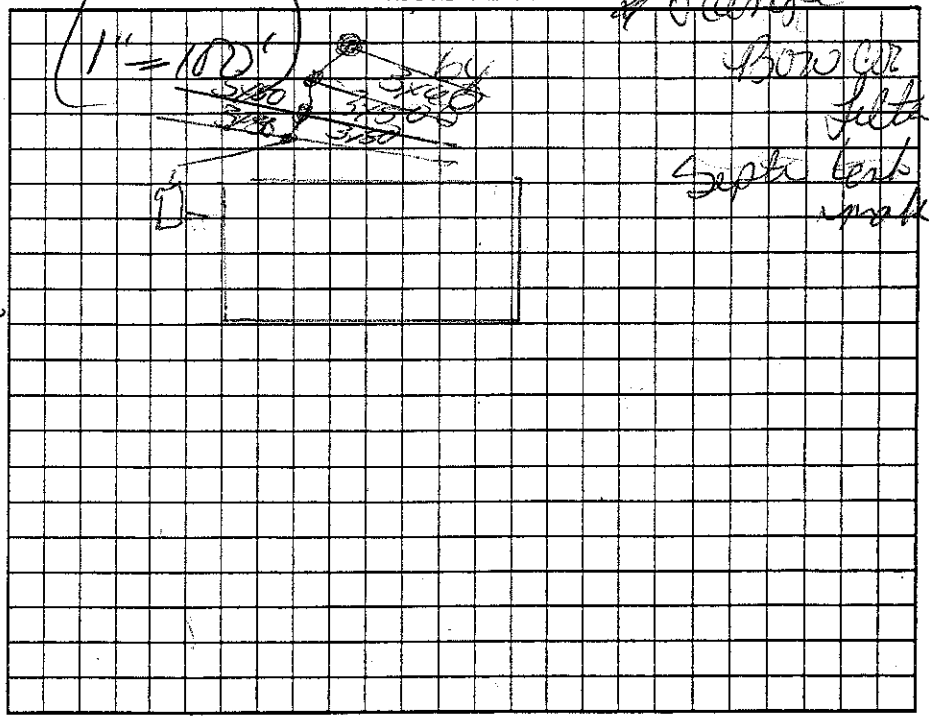
Comments:/Conditions:
#1 120'
#2,3 75'
#3,4 - 60'

INITIAL SITE SKETCH



Comments:/Conditions:
Install on Contour
Maintain all setbacks

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: Julie Bennett date _____ Installed by: Tommy Cothren

Improvement Permit by: Kelly Cook date 7-11-06 Operation Permit by: Kelly Cook date 1-24-07

Authorization to Construct by: Kelly Cook date 7-11-06 Existing System Inspection by: _____ date _____

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

Warren Road