IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 3-21-06

PERMIT# 13395 PIN# 4766-72-7222 PHONE: Business 704-437-6453 Home 704-876-8745

OWNER OR APPLICANT DAVID STEGALL

ADDRESS 130 TILLY LANE Statesville NC 28625

LOCATION 64 EAST (L) RIVER HILL (L) CHESTNUT GROVE (L) 7 SPRINGS LOOP ON LEFT lot # 29

SUBDIVISION SEVEN SPRINGS BLOCK / SECTION II LOT 29 LOT AREA 2.13 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .2

Septic Tank: 1060 Gallons; STB 1012 Date 4-3-06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EQ=1800 Linear Feet 450'

No Lines 4x112.5 Trench Width 36" Max Trench Bottom Depth 18"

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

System Description: 60% 25% REDUCTION

Repair System Description: LP 50% REDUCTION

Maintenance Agreement Required: ☐ Yes ☒ No

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

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

No. Bedrooms 3 No. Persons 6 No. Employees _____

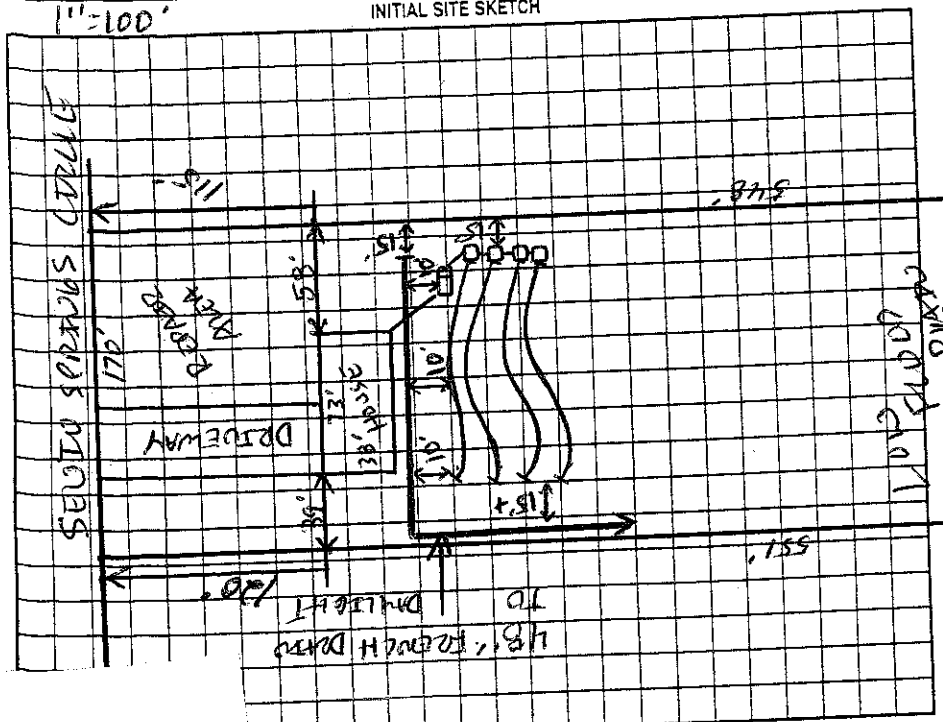
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: (1) INSTALL LINES ON CONTOURS (2) MAINTAIN SETBACKS (3) KEEP FRONT DRAIN 48" DEEP WITH FALL & KEEP PRV LINES 18" DEEP ON SHALLOW SIDE OF DITCH.

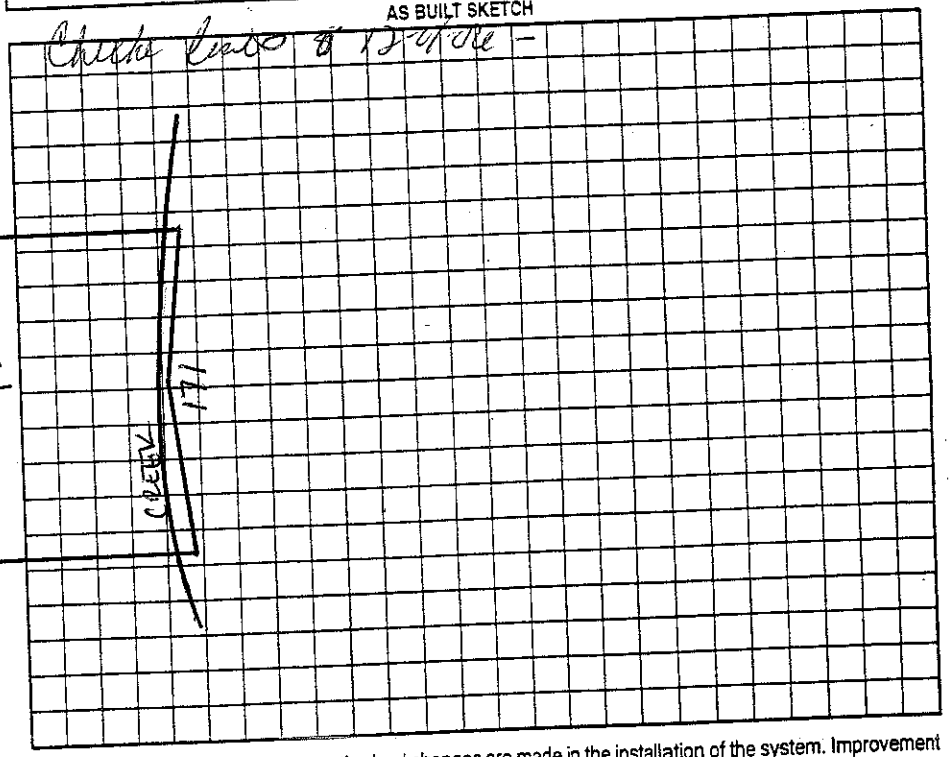
Comments:/Conditions: Yellow Jkt Tite Sealed Loop Main

1"=100'

INITIAL SITE SKETCH



AS BUILT SKETCH



r 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
t 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.

_____ date _____ Installed by: Craig Thompson

_____ date 3-21-06 Operation Permit by: _____ date 3-6-06

_____ date 3-21-06 Existing System Inspection by: _____ date _____

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