IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13886 PIN# 4766735349 DATE 11-21-06

OWNER OR CONTRACTOR Cathy Norris PHONE: Business 704-924-7830 Home 704-902-5356

ADDRESS 1785 Old Mocksville Road Statesville NC 28625

LOCATION Old Mocksville Rd Chestnut Trl, 2nd Tspring entrance located on right

SUBDIVISION Tspring BLOCK / SECTION 2 LOT 85 LOT AREA 1.11 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1212 Date 2-15-07

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields ____ Square Feet 1440 Linear Feet 360

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ____

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

System Description: 2510 Graviti

Repair System Description: Low pres. 5010

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

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

Water Supply: ☐ Individual ☑ Public ☐ Community

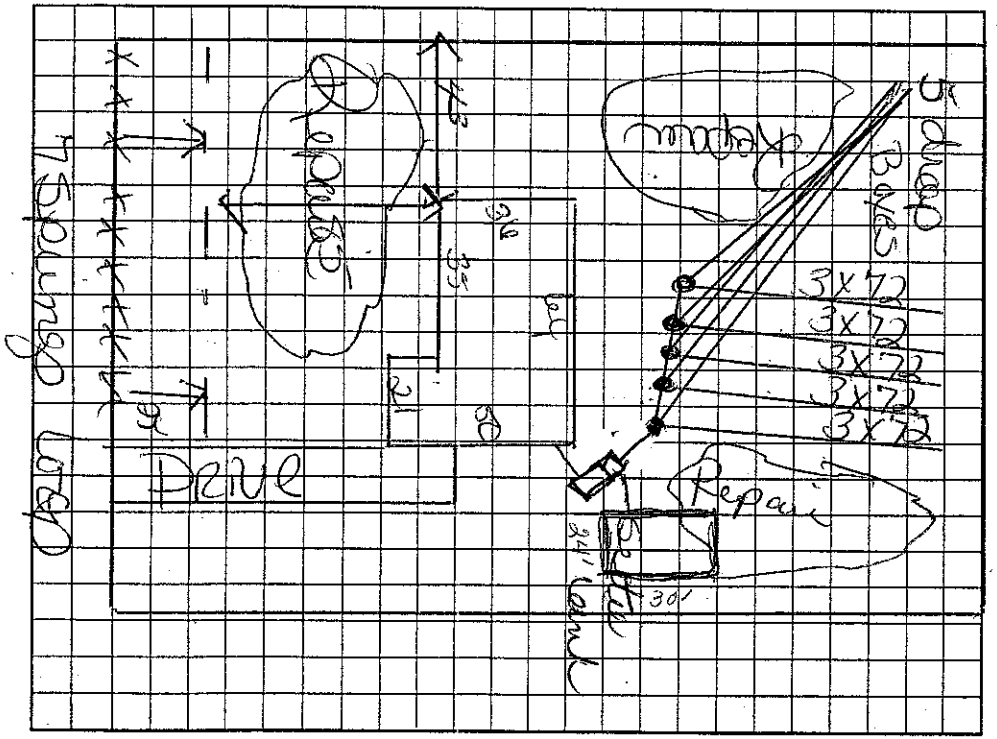
Comments/Conditions:

Install on contour
Maintain all setbacks

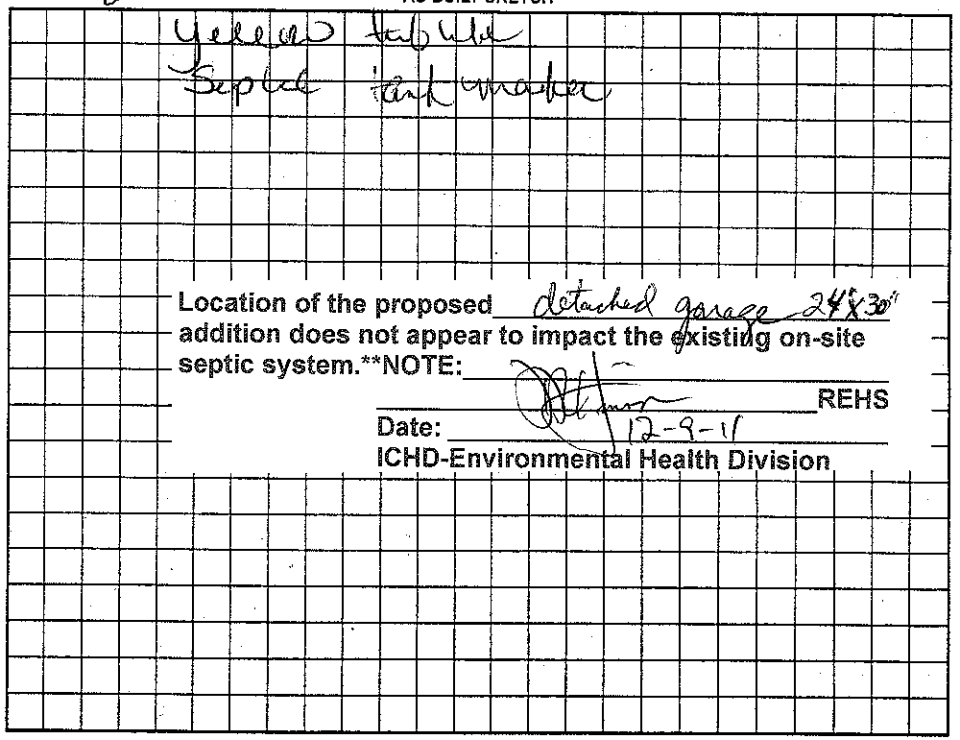
Comments/Conditions:

Call Health department for staggered after clearing and grading to uniform slope

INITIAL SITE SKETCH



AS BUILT SKETCH



Location of the proposed detached garage 24'x30' addition does not appear to impact the existing on-site septic system.**NOTE:

REHS

Date: 12-9-11

ICHD-Environmental Health Division

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: Cathy J Norris date 11-21-06 Installed by: Tommy Frye

Improvement Permit by: Kelly Cook date 11-21-06 Operation Permit by: Kelly Cook date 7-30-07

Authorization to Construct by: STEVE HEDRICK date 3-23-07 Existing System Inspection by: ____ date ____

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