IREDELL COUNTY HEALTH DEPARTMENT STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 15te313 PIN # 4766-94-8902 DATE 5-20-09

OWNER or APPLICANT (Clayton Homp) G & G Properties PHONE: Business Home:

OWNER or APPLICANT ADDRESS 2026 Northside Dr. Statesville 28677

LOCATION / DIRECTIONS I-40 E to Riverhill Rd to Chestnut Grove Rd to Eastgate 2nd lot on left

SUBDIVISION Eastgate BLOCK / SECTION LOT # 2 LOT AREA DESIGN FLOW 360 L.T.A.R. .25

Septic Tank 1000 Gallons: STB 1012 Date 4-23-08

Pump Tank 1000 Gallons: PT 17-1000 Date 6-16-09

Pump Make Gouldş Model WE05111M Serial # 1760/115 3

Nitrification Field No Fields ___ No Lines 6 Linear Feet 240

Trench Width 24" Max. Trench Bottom Depth 36" Gravel Depth ___

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

System Description: 50% Low Pres

Repair System Description: 50% Low Pres.

Maintenance Agreement Required ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons ___

☐ Other No. Employees ___

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install as Certified Maintain all setback

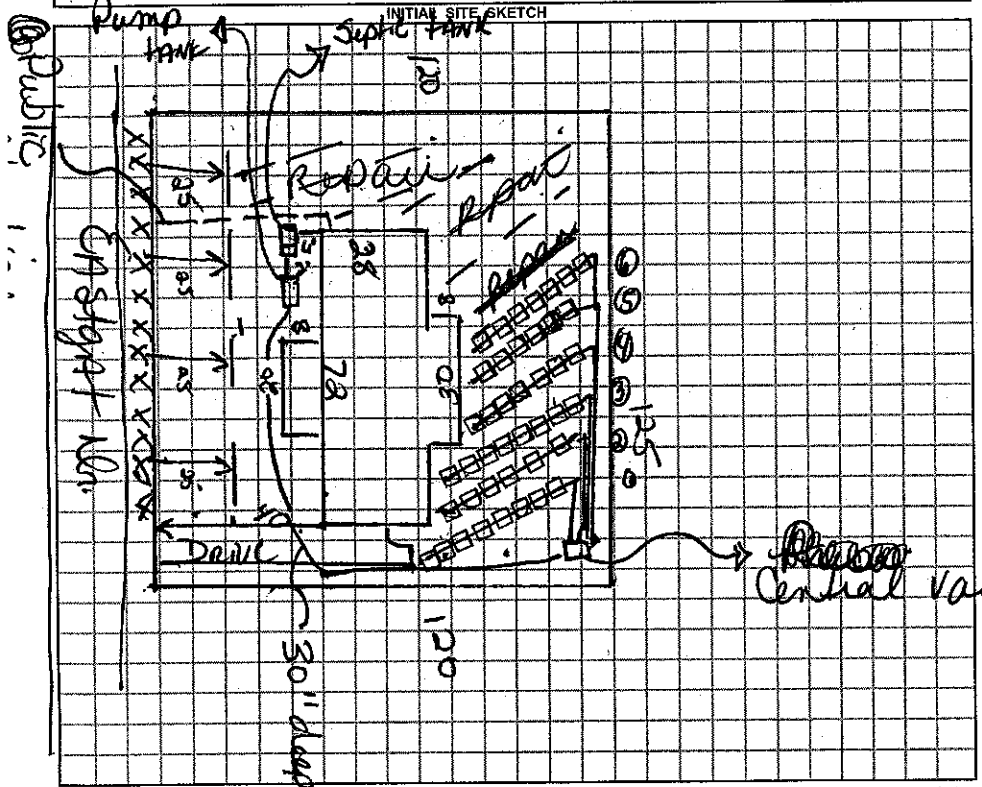
Comments / Conditions

① 47 ④ 36 * exactly 240' initial

② 49 ⑤ 36 exactly 240' of Repair

③ 40 ⑥ 40

INITIAL SITE SKETCH



AS BUILT SKETCH

Location of the proposed Deck roof addition does not appear to impact the existing on-site septic system.**NOTE:

REHS

Date: 4-19-12

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 w / plat valid without expiration* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☑ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: Date 7/10/09

Improvement Permit by: Date 5-20-09

Authorization to Construct by: Date 5-20-09

Installed by: Shannon / Ground Breakers

Operation Permit by: Date: 9-1-09

Existing System Inspected by: Date:

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant