IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 (ad)

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

PERMIT # 157183 PIN # 4768-41-8577 516023 DATE 7-10-09

OWNER or APPLICANT JEFF RASH PHONE: Business 704-450-3622 Home: 838-1642

OWNER or APPLICANT ADDRESS 118 JACK FARR DRIVE Statesville NC 28625

LOCATION / DIRECTIONS OLD MOORESVILLE RD (N) (L) CHERRY LAKE (L) JACK FARR 2ND DRIVE ON RT

SUBDIVISION BLOCK / SECTION LOT # LOT AREA 2.572 DESIGN FLOW 360 L.T.A.R. 135

Septic Tank	1000	Gallons: STB	1012	Date	7-5-02	☒ ~~New System~~ Existing	☐ Repair	☐ Expansion System	Type (I) II III IV V VI
Pump Tank		Gallons: PT		Date		System Description:	CONV GRAVITY		
Pump Make		Model		Serial #		Repair System Description:	CONV GRAVITY		
Nitrification Field	No Fields 1	No Lines 3		Linear Feet	342'	Maintenance Agreement Required	☐ YES	☒ NO	
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	12"	☒ GRAVITY	☐ PRESSURE		

☐ Residence	No. Bedrooms	3	Water Supply		
☐ Business	No. Persons	4	☐ Private		
☐ Other	No. Employees		☒ Public		
☐ Slab	☒ Crawl Space		☐ Community		
☐ Basement w/plumbing	☐ Basement w/o plumbing				

Comments / Conditions

(1) OWNER VERIFIED SYSTEM IS 15' OFF P/L'S (2) BLDR/OWNER/Installer must maintain 1/4" FALL PER FOOT ON SUPPLY line to tank. (3) SYSTEM IS Properly Functioning at time of check.

Comments / Conditions

INITIAL SITE SKETCH

SEE ATTACHED SYSTEM DESIGN BY LORNE COOK, R.S.

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 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: Jeff Rash Date 7-10-09

Improvement Permit by: Date

Authorization to Construct by: Date

Installed by:

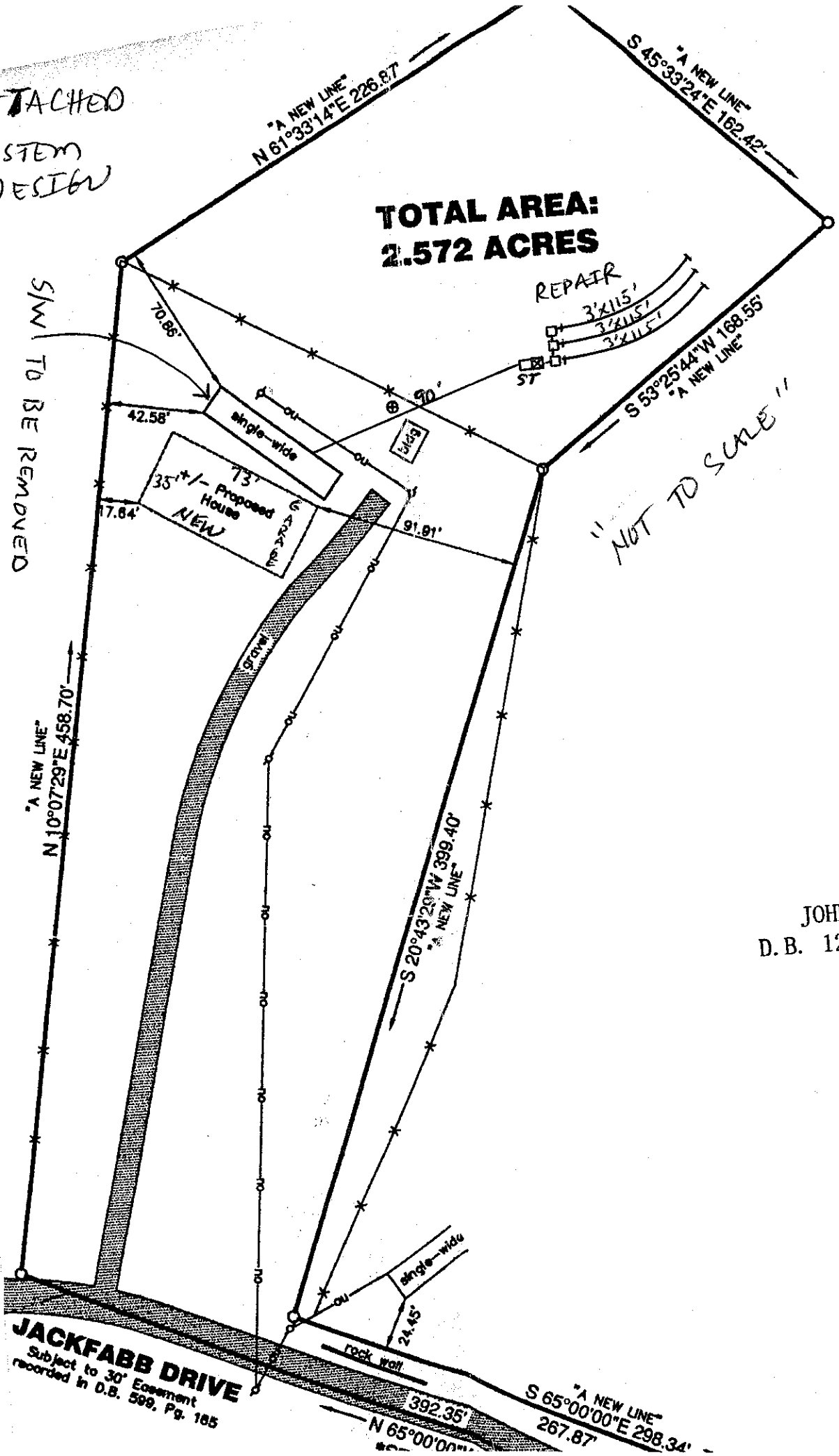
Operation Permit by: Date:

~~Existing System Inspected by:~~ Date: 7-10-09

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

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

ATTACHED SYSTEM DESIGN



JOHN B. RA
D.B. 1233, Pg.