IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 143515 PIN# 4772789712 DATE June 25 07

OWNER OR APPLICANT Statesville Housing Center PHONE: Business 704-924-9393 Home

ADDRESS 115 Morehead Rd Statesville NC 28677

LOCATION Re Lot 3 on Rd to Sage Lane, 1st Thyme Lane Property on right

SUBDIVISION Crosstield BLOCK / SECTION 3 LOT 32 LOT AREA .40 SITE CLASS. RS DESIGN FLOW 360 L.T.A.R. 225

Septic Tank: 1000 Gallons; STB 300 Date 1-10-07

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet 1400 Linear Feet 400

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 25% Expan

Repair System Description: 50% Expan (2 Bed 240)

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 3 No. Persons No. Employees

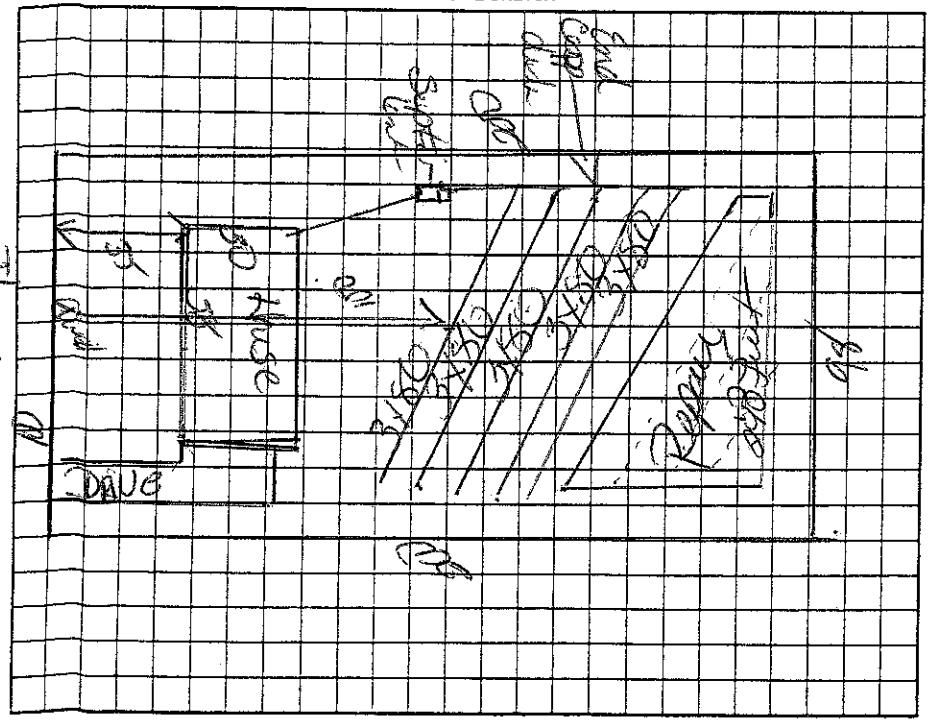
Water Supply: ☑ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

Install on contour
maintain all setbacks
End cap distribution

INITIAL SITE SKETCH



Comments:/Conditions:

yellow Septic tank marker

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: Dennis Dellinger date 6-25-07 Installed by: A-1 B Advantage

Improvement Permit by: Kelly L Cox date 6-25-07 Operation Permit by: Kelly L Cox date 26 June 07

Authorization to Construct by: Kelly L Cox date 6-25-07 Existing System Inspection by: date

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