IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 133995 PIN# 4774241890 DATE 2-1-06

OWNER OR CONTRACTOR Derek Osborne Builders PHONE: Business 704-872-7882 Home

ADDRESS BX 1783 Statesville NC 28687

LOCATION Left on New Salem Lots 1/2 mile on left

SUBDIVISION New Salem BLOCK / SECTION 1 LOT 9 LOT AREA 1.19 SITE CLASS P DESIGN FLOW L.T.A.R. 3

Septic Tank: 1000 Gallons; STB 1012 Date 02/09/06

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet 1200 Linear Feet 300

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

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

System Description: 25% Grading

Repair System Description: 25% Grading

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

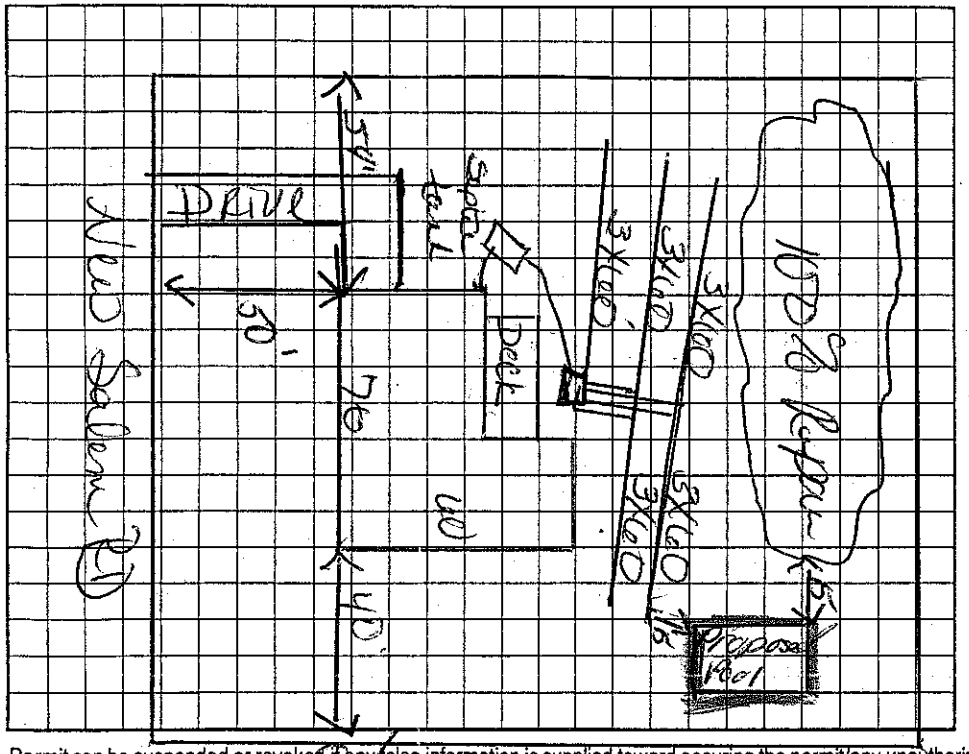
Comments:/Conditions:

Distribution box 5 speed levels

Comments:/Conditions:

Maintain all set backs
during installation

INITIAL SITE SKETCH



AS BUILT SKETCH

*INSTALLED AS SHOWN

*SYSTEM INSTALLED AFTER RAIN EVENT & BETWEEN RAIN SHOWERS, MOIST TO WET SOIL CONDITIONS,

Location of the proposed SWIMMING POOL addition does not appear to impact the existing on-site septic system.**NOTE: KEEP POOL MIN. 15' FROM SYSTEM

R. STEVE HENDRICK REHS

Date: FEBRUARY 1, 2012

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: date 3-20-6 Installed by: KELLY WELBORN GRADING

Improvement Permit by: date 3-1-06 Operation Permit by: date 08/22/06

Authorization to Construct by: date 3-1-06 Existing System Inspection by: date

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