IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 133994 PIN# 4774254548 1548

OWNER OR APPLICANT Steve Jordan DATE 1 June 07

ADDRESS 498 New Salem RD Statesville NC 28625 PHONE: Business ______ Home ______

LOCATION W/E (R) New Salem 1st on right

SUBDIVISION New Salem Estates BLOCK / SECTION 1 LOT 2 LOT AREA 1.572 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 5-17-04
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields ______ Square Feet 1200 Linear Feet 300
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ______ ☐ Gravity ☐ Pressure

☑ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 25% gravel
Repair System Description: 50% Red Reduction
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

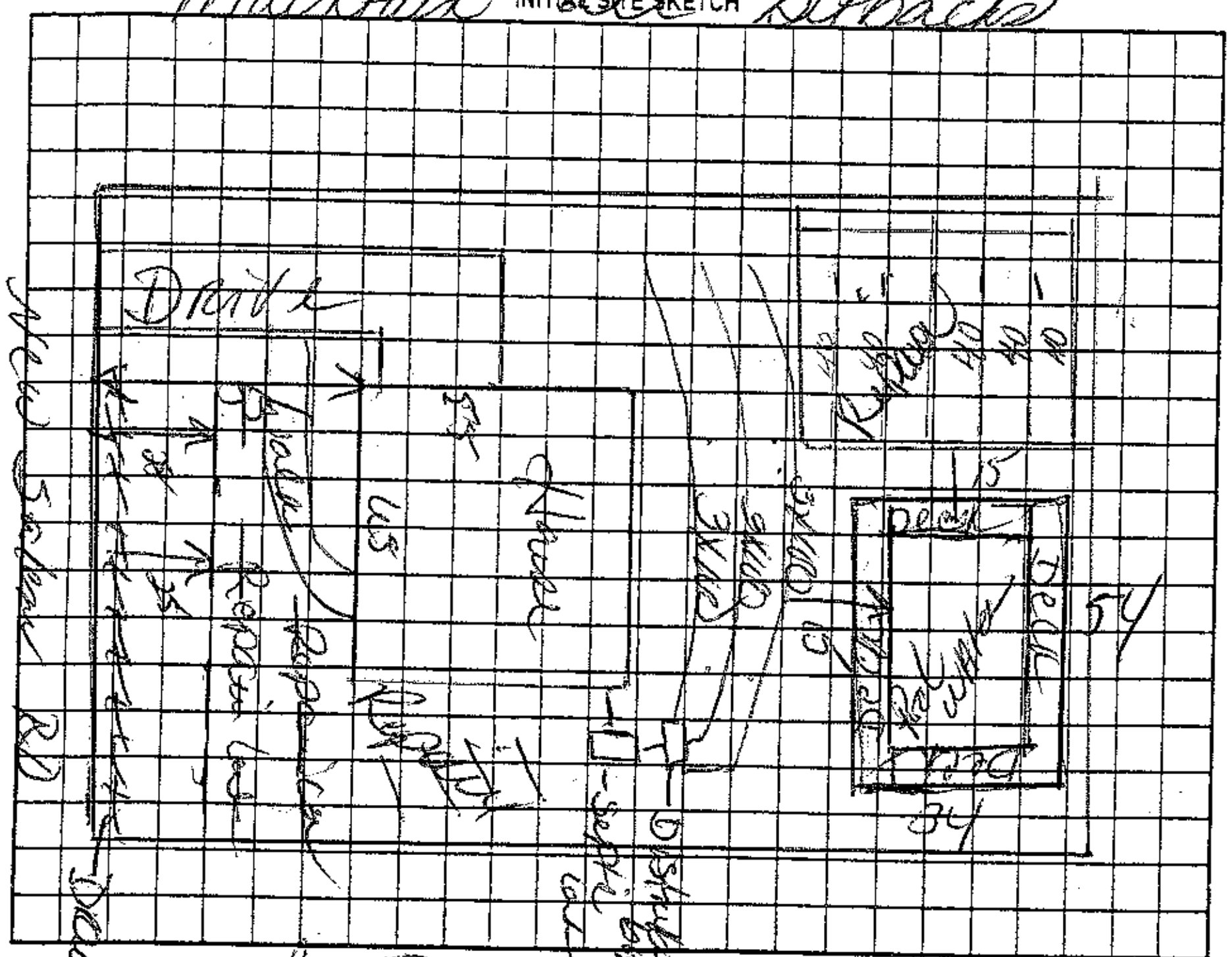
Comments:/Conditions:

Maintain 15 ft of septic with 2 ft cut or more
Maintain setbacks

Comments:/Conditions:

24/42 width
34/54 - with Concrete

INITIAL SITE SKETCH



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: [signature] date ______ Installed by: [signature]

Improvement Permit by: [signature] date 1 June 07 Operation Permit by: [signature] date 7-24-07

Authorization to Construct by: [signature] date 1 June 07 Existing System Inspection by: ______ date ______

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