IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 133222 PIN# 4775009260 DATE 2-10-06

OWNER OR CONTRACTOR Regina Hennings PHONE: Business 704-873-6635 Home 704-528-3383

ADDRESS 132 Allendale Circle Statesville 28677

LOCATION 64 @ New Salem @ Lyndhurst @ Ironwood at Cildeaf

SUBDIVISION Campbellglen BLOCK / SECTION 2 LOT 43 LOT AREA 1.68 AC SITE CLASS. RS DESIGN FLOW 460 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 325 Date 2-20-07

Pump Tank: 1000 Gallons; PT 302 Date 7-21-09

Pump Make: Zoeller Model N 140 Serial No.

Nitrification Field: No Fields ___ Square Feet 1920 Linear Feet 480

No Lines 7 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth NA

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

System Description: 2590 pump → 4BR

Repair System Description: 2590 pump → 4BR

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ___

☐ Business No. Employees ___

☐ Other ___

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

Water Supply: ☐ Individual ☒ Public ☐ Community

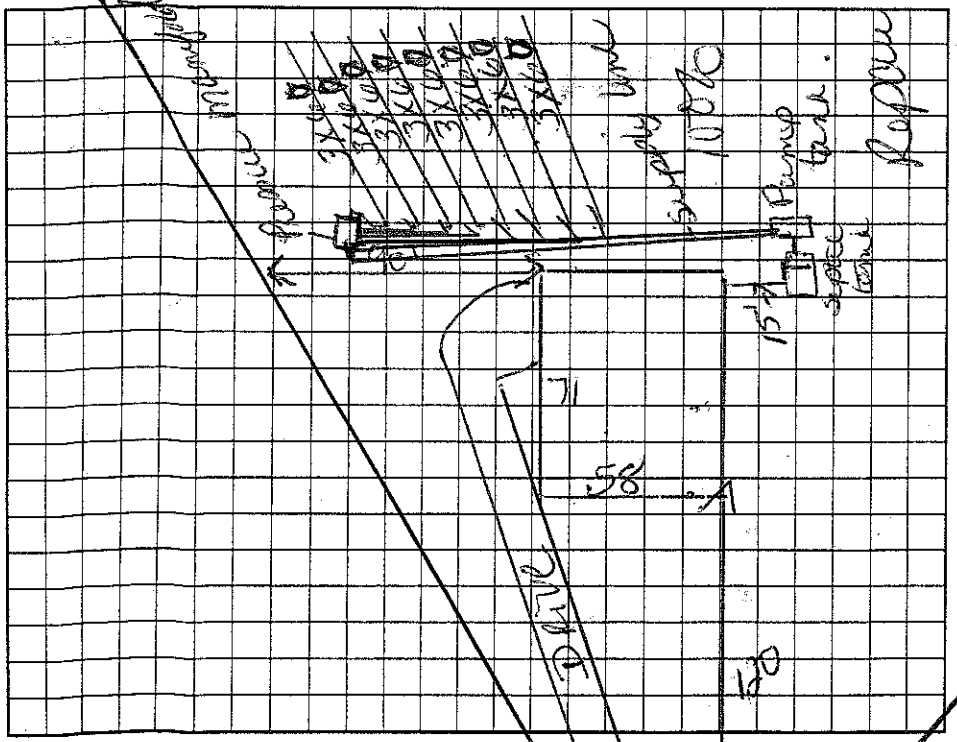
Comments:/Conditions:

Install on Contour
Maintain all setbacks

Comments:/Conditions:

24" max trench depth
Blue Top - Tite

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 2/16/06 Installed by: Rowan Septic

Improvement Permit by: Kelly Cook for WRC date 2-10-06 Operation Permit by: Kelly Cook date 3-18-08

Authorization to Construct by: Kelly Cook date 2-10-06 Existing System Inspection by: ___ date ___

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