CA

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14725 PIN# 4775056795 DATE 5-22-08

OWNER OR APPLICANT James Cashion PHONE: Business ______ Home ______

ADDRESS 437 Miller Farm Rd Statesville NC.

LOCATION 64E - to Slavin to Spring Forest Drive 4th Lot from end on Right

SUBDIVISION Spring Forest BLOCK / SECTION ______ LOT 56 LOT AREA .691 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 3-4-08

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields ____ Square Feet 1600 Linear Feet 400

No Lines ______ Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth ______

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

System Description: 25% Gravel

Repair System Description: 50% stone bed

Maintenance Agreement Required: ☐ Yes ☑ No

☑ Gravity ☐ Pressure

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

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

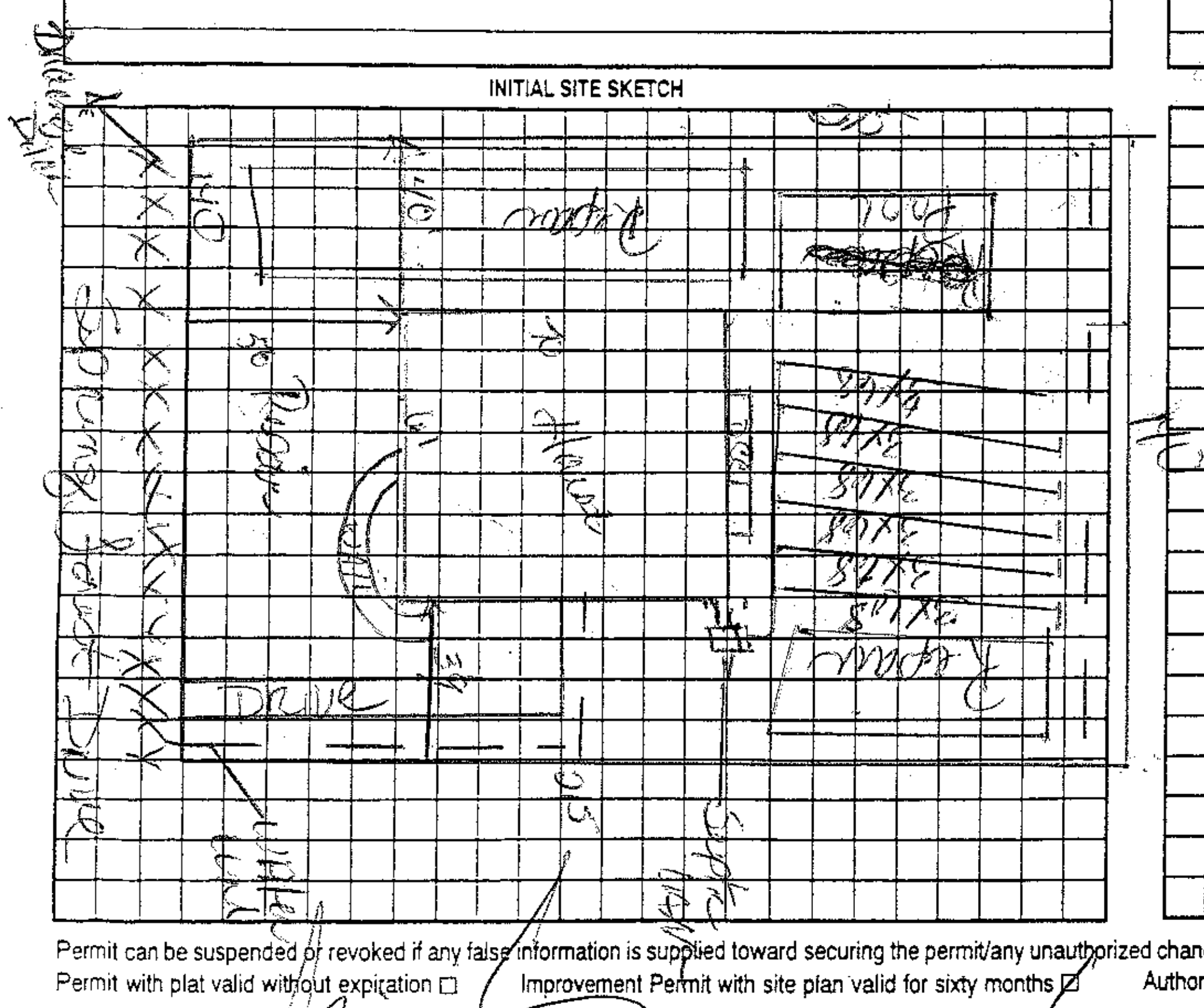
No. Bedrooms 4 No. Persons ____ No. Employees ____

Water Supply: ☐ Individual ☑ Public ☐ Community

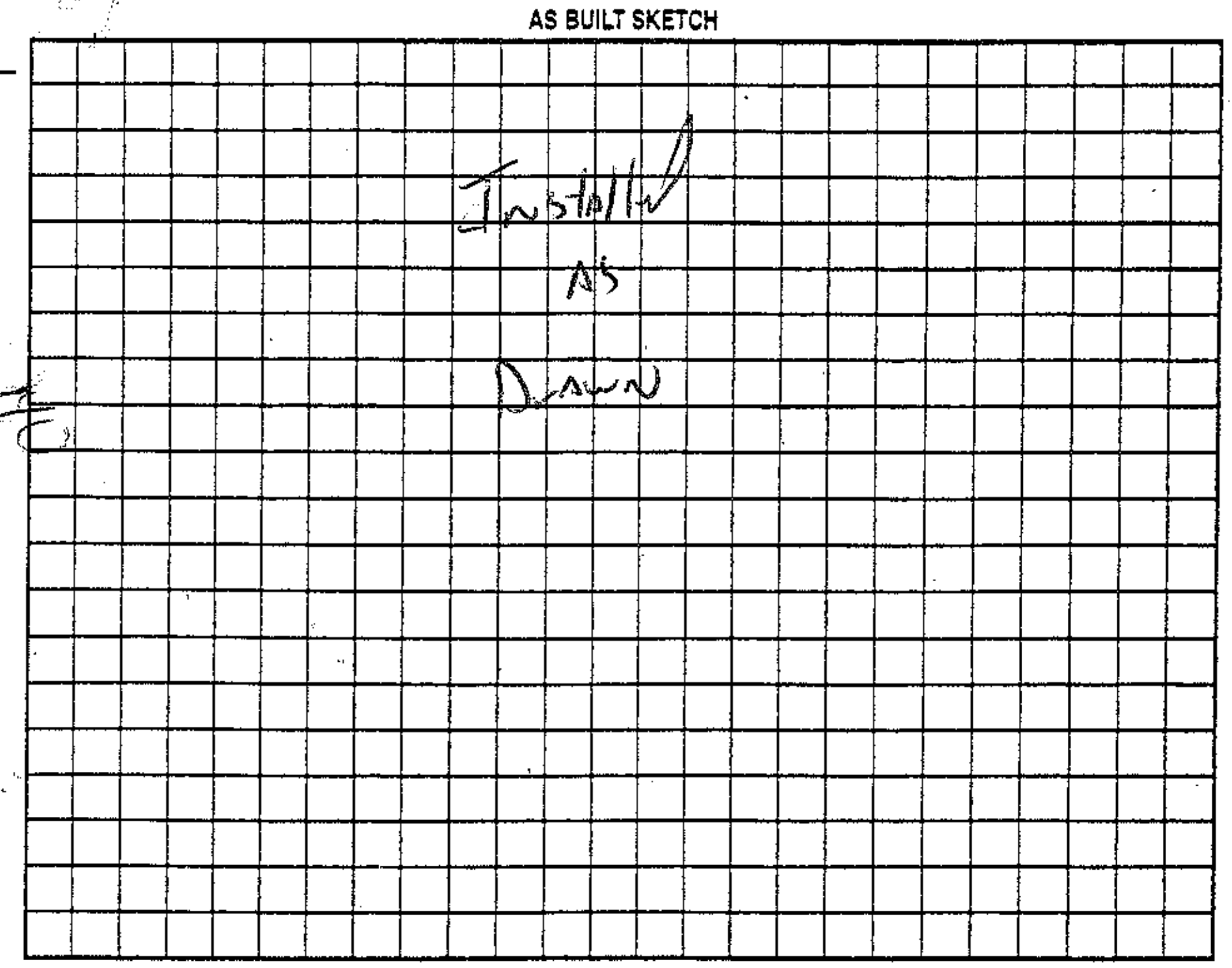
Comments:/Conditions:

Comments:/Conditions: End cap Distribution; Maintain all Setbacks; Install on contour

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: ______ date ______

Improvement Permit by: Reid Cook date 5-22-08

Authorization to Construct by: Reid Cook date 5-22-08

Installed by: Craig Thompson

Operation Permit by: [signature], R.S. date 2 OCT.08

Existing System Inspection by: ______ date ______

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