2:00

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 129855 PIN# ~~4775701325~~ 4775101325 DATE 1-4-06

OWNER OR APPLICANT Eddy Aleman PHONE: Business ____ Home 704-450-1183

ADDRESS 102 Log Cabin Road Statesville NC 28677

LOCATION 64 E. (R) New Salem (R) Lynn Gayle (R) Verna at end of Cul-de-sac

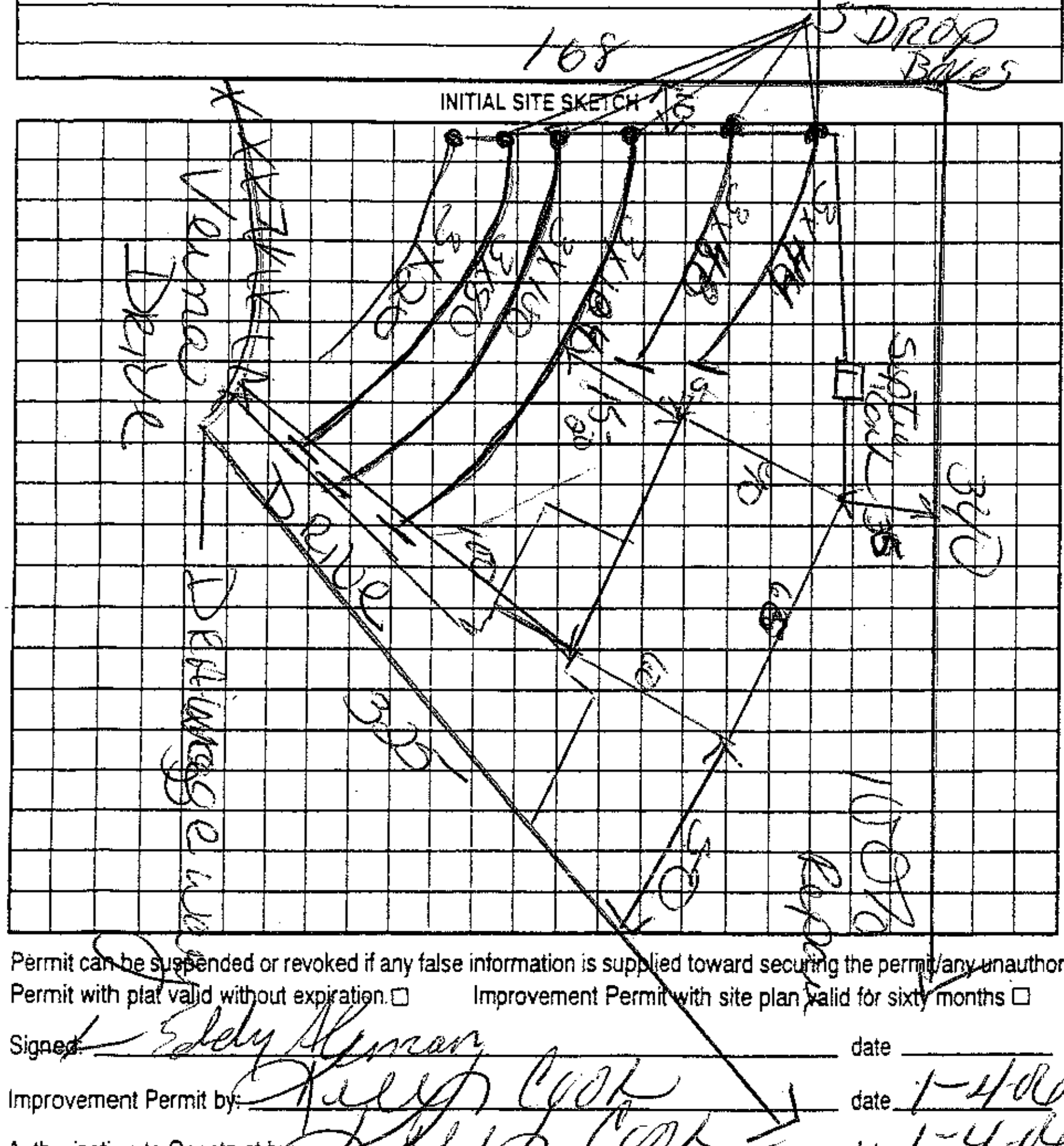
SUBDIVISION Campbell Glenn BLOCK / SECTION 2 LOT 23 LOT AREA .82 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

| | | |
|---|---|---|
| Septic Tank: 1000 Gallons; STB 525 Date 0825 | ☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI | ☑ House/Mod. Home No. Bedrooms 4 |
| Pump Tank: ____ Gallons; PT ____ Date ____ | System Description: 25% Gr. Agg. | ☐ Mobile Home No. Persons ____ |
| Pump Make: ____ Model ____ Serial No. ____ | Repair System Description: Low Res. Panel | ☐ Business No. Employees ____ |
| Nitrification Field: No Fields ____ Square Feet 1600 Linear Feet 400 | Maintenance Agreement Required: ☐ Yes ☐ No | ☐ Other ____ |
| No Lines 5 Trench Width 2" Max Trench Bottom Depth 36" Gravel Depth NA ☑ Gravity ☐ Pressure | ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing | Water Supply: ☐ Individual ☑ Public ☐ Community |

Comments:/Conditions: * Back fill for positive drainage

Comments:/Conditions: * Call Health Dept for flagging before installation!

INITIAL SITE SKETCH



AS BUILT SKETCH

Install on contour
Maintain all setbacks
Blue Tuff tite
Septic material
End cap distribution

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: Eddy Aleman date ____

Improvement Permit by: Kelly Cook date 1-4-06

Authorization to Construct by: Kelly Cook date 1-4-06

Installed by: Rowan's Septic

Operation Permit by: Kelly Cook date 7-24-07

Existing System Inspection by: ____ date ____

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