IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 132309 PIN# 4775152418 DATE 1-10-06

OWNER OR CONTRACTOR Ginger Cook PHONE: Business 704 202 4971 Home 704 873 9225

ADDRESS 823 Jennings Rd Statesville NC

LOCATION 64 E to Plain to Spring Forest to Knollcrest 1st on Right Corner

SUBDIVISION Spring Forest BLOCK / SECTION ____ LOT 38 LOT AREA .865 SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 325 Date 3-10-06

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

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

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

System Description: 25% Reduction

Repair System Description: ____

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

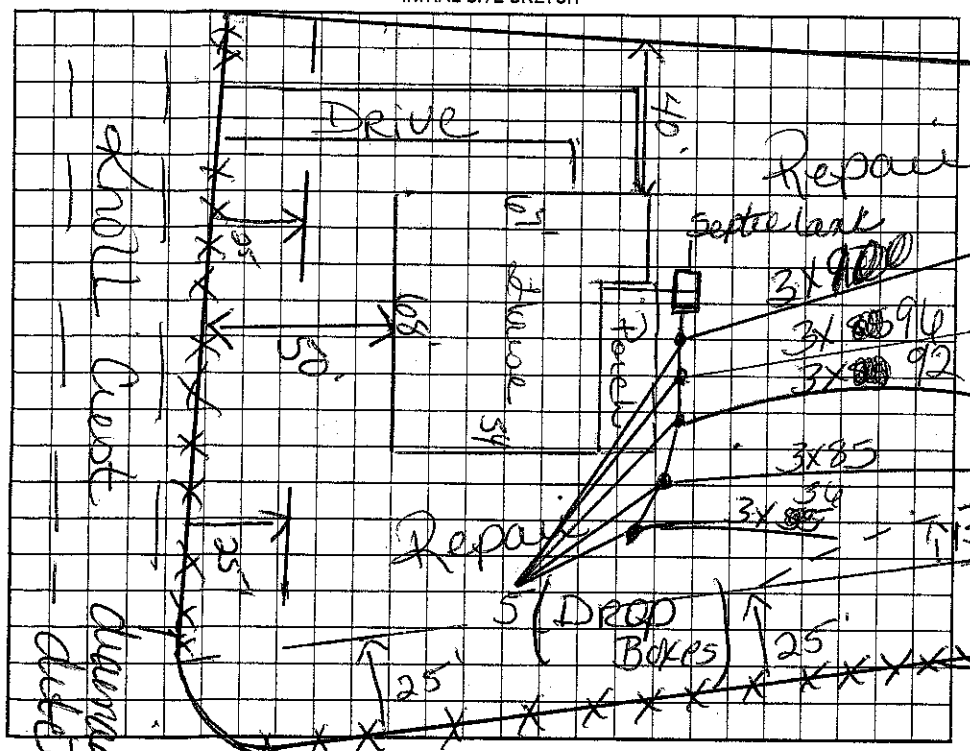
Comments:/Conditions:

Maintain all setback
Install on Contour

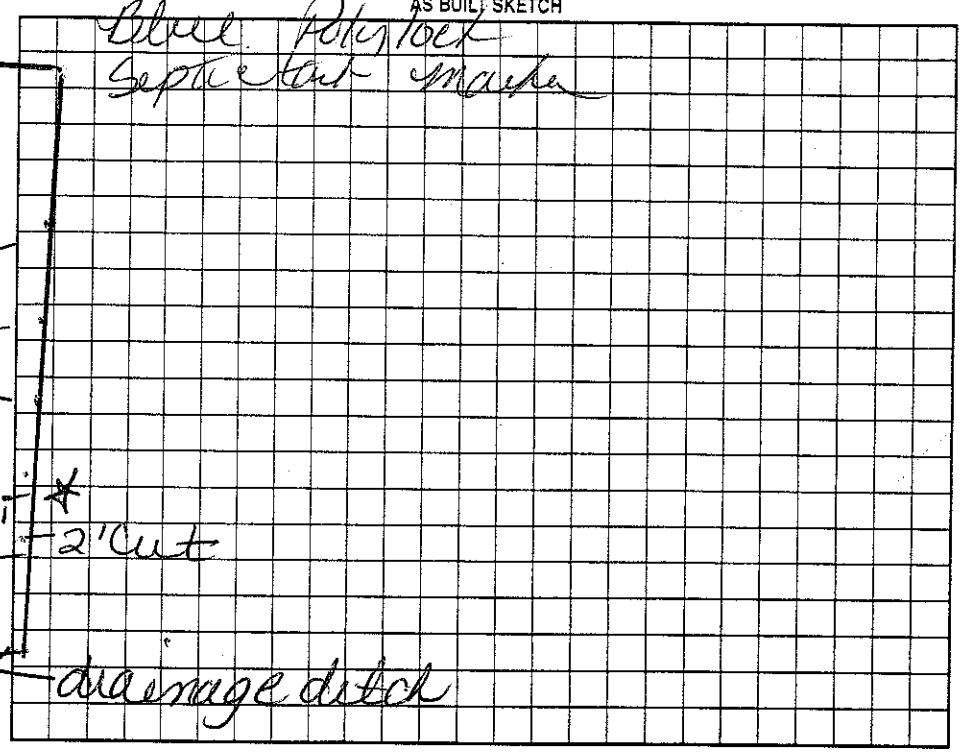
Comments:/Conditions:

*Maintain 25' off drainage ditch
*Maintain 15' off 2' cut

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: Regina Ceal date 1-19-06 Installed by: Randy Sapp

Improvement Permit by: Lee Cook date 1-10-06 Operation Permit by: Lee Cook date 5-4-05

Authorization to Construct by: Lee Cook date 1-10-06 Existing System Inspection by: ____ date ____

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