IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~Repair~~ 140248 PIN# 4776265119 DATE 12-19-06

OWNER OR APPLICANT John & Paulene Perreault PHONE: Business _____ Home 704-876-1872

ADDRESS 917 Riverhill Road Statesville NC

LOCATION 64 E to River Run RD 917 River Hill Road

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 3+ SITE CLASS. B DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 1440 Linear Feet 360

No Lines 4 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% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms ___

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

☐ Other _____

Water Supply: ☐ Individual ☐ Public ☐ Community

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

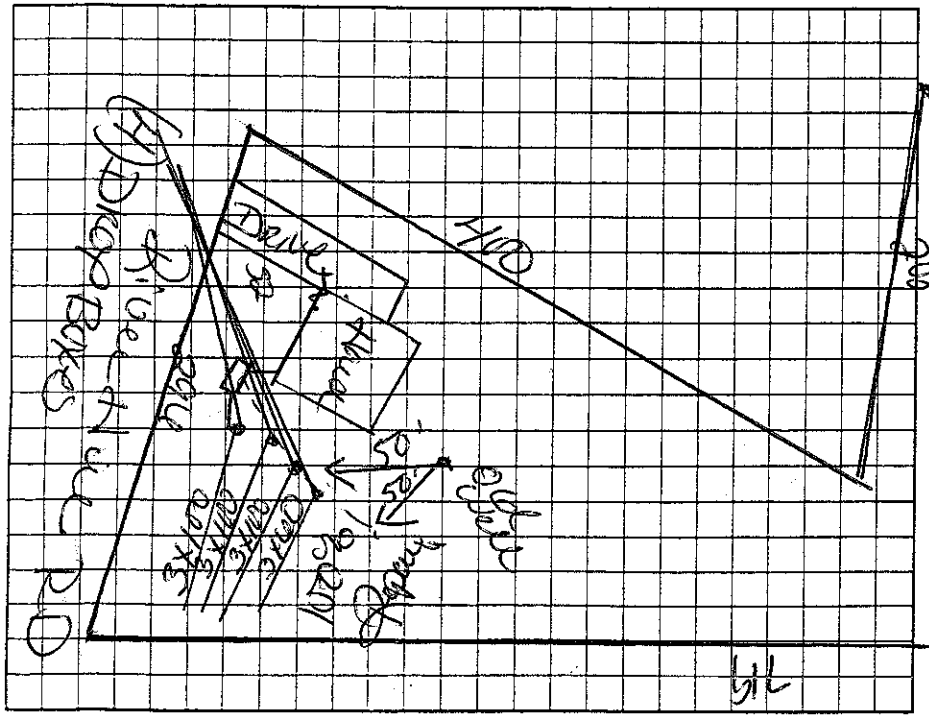
Comments/Conditions:

Maintain all setbacks
Install on contour

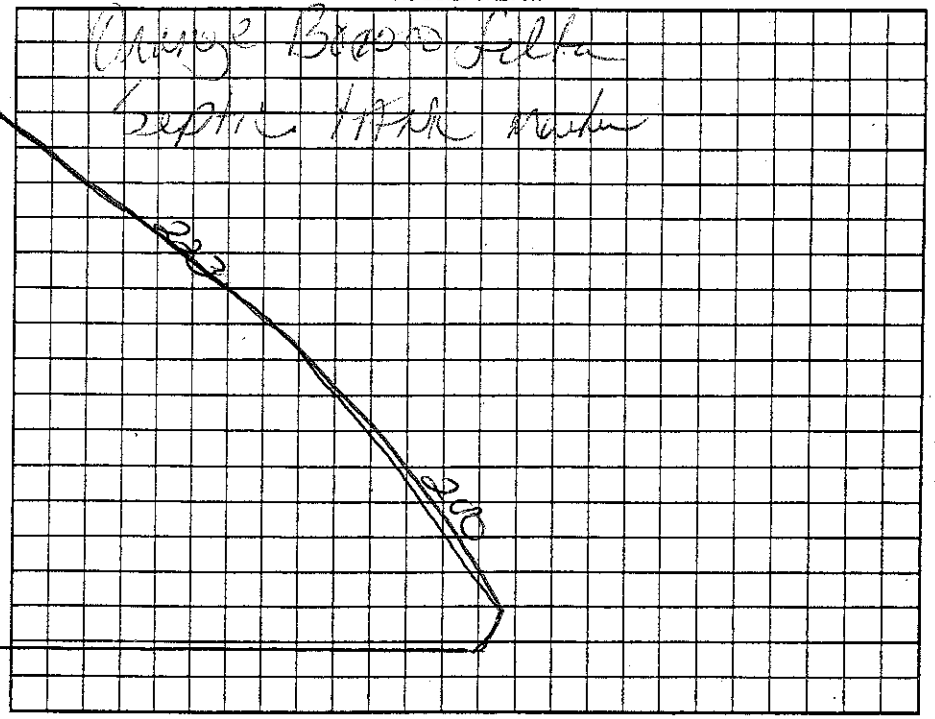
Comments/Conditions:

~~A~~ Abandon old septic tank
Maintain 50' away from well

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: Paulene Perreault date _____

Improvement Permit by: Kelly Cook date 12-19-06

Authorization to Construct by: Kelly Cook date 12-19-06

Installed by: _____

Operation Permit by: Kelly Cook date 2-6-07

Existing System Inspection by: _____ date _____

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