IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135079 PIN# 4776811394 DATE 5-9-06

OWNER OR APPLICANT Will Hare PHONE: Business _____ Home 704-873-2006

ADDRESS 142 Glendale Ford RD Statesville NC

LOCATION 64E to Suzanne RD Property on right

SUBDIVISION Sage Forest BLOCK / SECTION I LOT 3 LOT AREA .607 SITE CLASS. B DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1050 Gallons: STB 1000 Date 7-3-06
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet 1200 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth NA ☐ Gravity ☐ Pressure

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 2370 Gravity
Repair System Description: LPP Panel
Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms ___
☐ Mobile Home No. Persons ___
☐ Business No. Employees ___
☐ Other _____

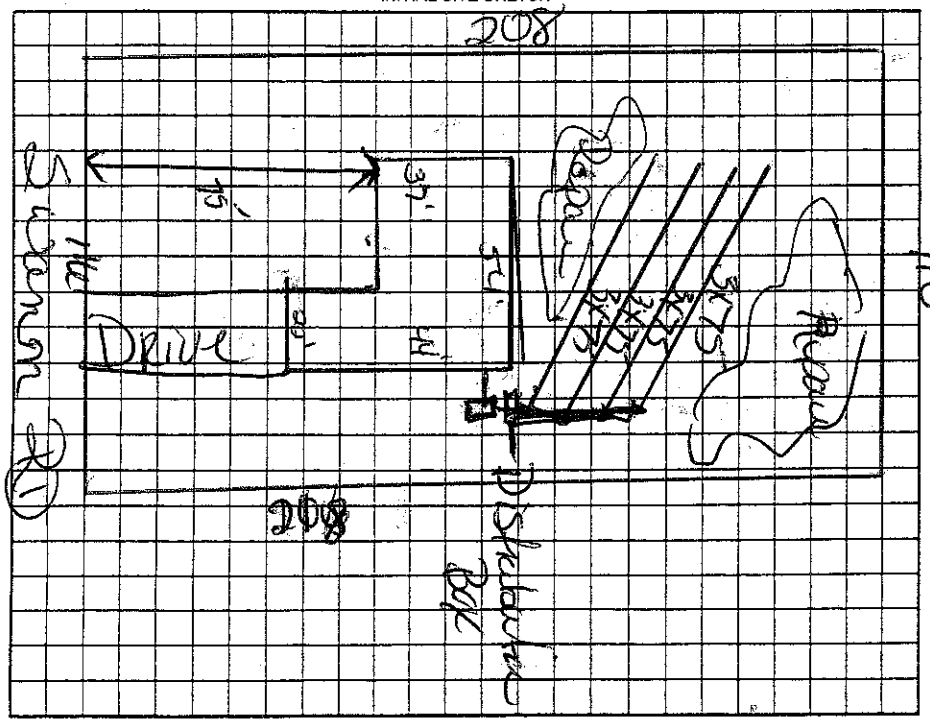
Water Supply: ☐ Individual ☒ Public ☐ Community

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

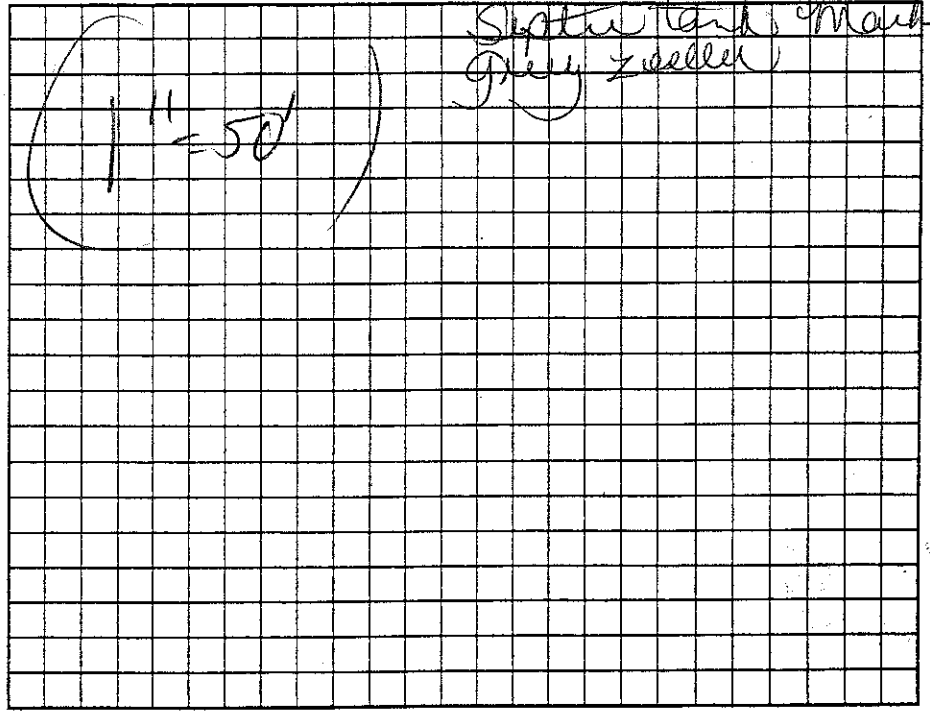
Comments:/Conditions:
Install on Contour
Maintain all Set backs

Comments:/Conditions:
24" Trench
Distribution Box (4) spaced evenly

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: Bruce Porter date _____
Improvement Permit by: Kerry Cook date 5-9-06
Authorization to Construct by: Kerry Cook date 5-9-06

Installed by: Tommy Cabrera
Operation Permit by: Kerry Cook date 8-16-06
Existing System Inspection by: _____ date _____

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