IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (4) MOORESVILLE 704-664-5281

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

PERMIT# 14655 PIN# 4776 8150 7681 DATE 12-4-07

OWNER OR APPLICANT Will Ingle PHONE: Business _____ Home 704-873-2026

ADDRESS 1712 Holland Ford RD Statesville 28625

LOCATION 164 E (R) Sewaw RD (R) Edgefield Left Cactus W

SUBDIVISION Sagebrush BLOCK / SECTION 2 LOT 10 LOT AREA .751 SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1000 Date 4-23-08

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 1200 Linear Feet 300

No. Lines 3 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% Expansion

Repair System Description: 50% Low Pressure

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

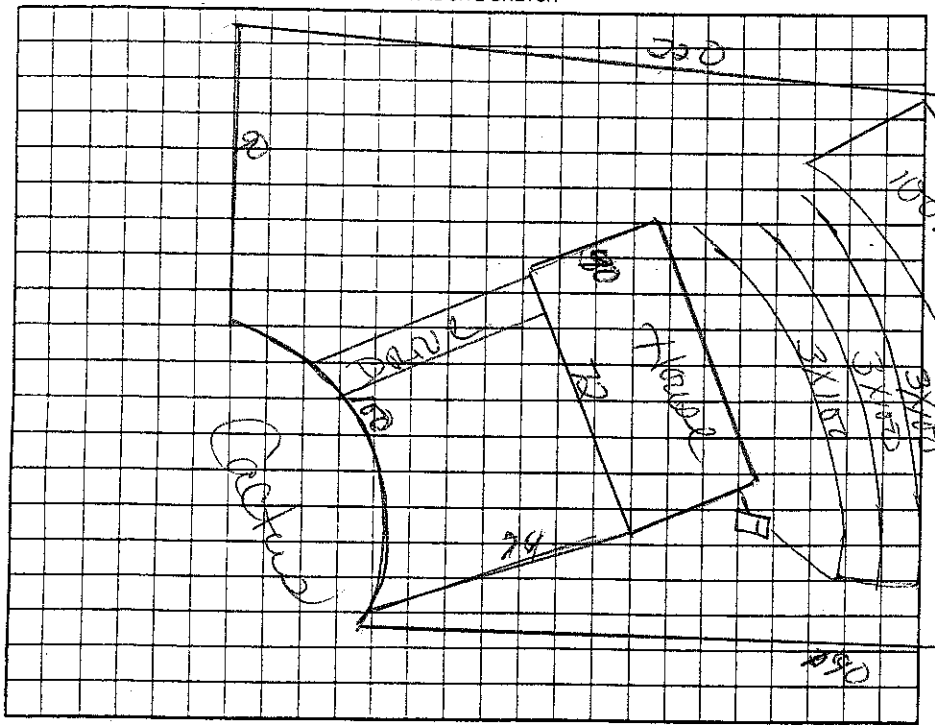
☐ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

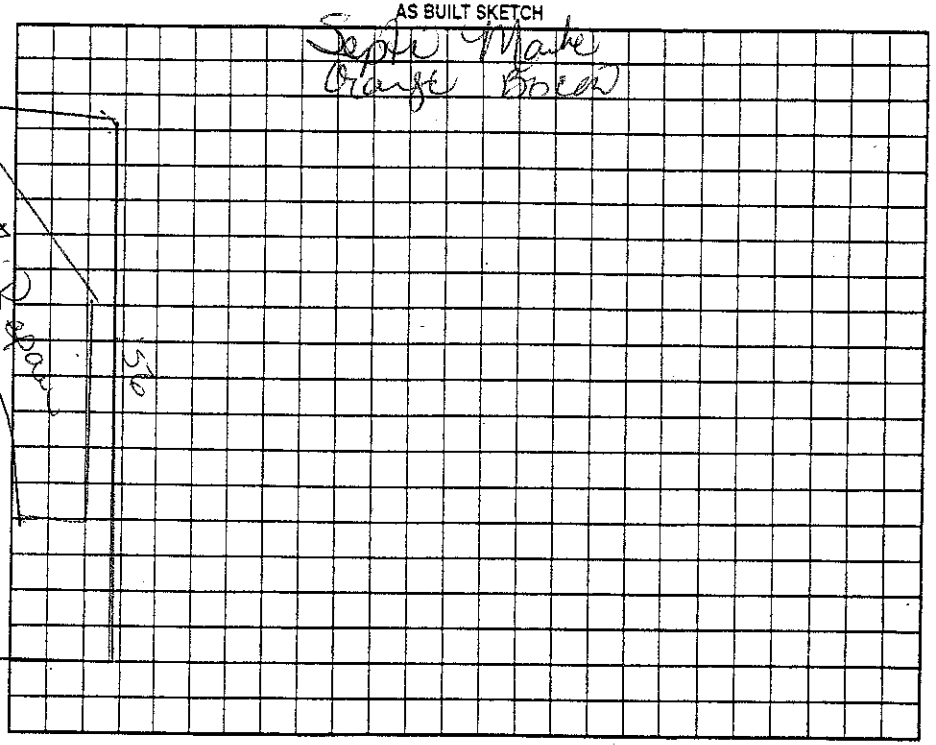
Comments:/Conditions:

Install on Contour
Maintain all setbacks

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 Pope date _____

Improvement Permit by: Keith Cook date 12-4-07

Authorization to Construct by: Keith Cook date 12-4-07

Installed by: Tommy Johnson

Operation Permit by: Keith Cook date 5-27-08

Existing System Inspection by: _____ date _____

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