IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135444 PIN# 4777989337

OWNER OR APPLICANT Wayne & ANN Cape DATE 1-10-07

ADDRESS 157 Hoots RD Statesville NC 28625 PHONE: Business ________ Home 704-528-0791

LOCATION Old Mocksville RD TD White Oak Branch TD Deer Chase 3/4 mile on left ([illegible]50

SUBDIVISION Deer Park BLOCK / SECTION ________ LOT 50 LOT AREA 1.66 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .4

Septic Tank: 1000 Gallons; STB 750 Date 8/29/07

Pump Tank: ________ Gallons; PT ________ Date ________

Pump Make: ________ Model ________ Serial No. ________

Nitrification Field: No Fields ____ Square Feet 900 Linear Feet 225

No Lines 3 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth ________

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

System Description: 25% Gravity

Repair System Description: 25% pump

Maintenance Agreement Required: ☐ Yes ☐ No

☑ Gravity ☐ Pressure

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ________

No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☐ Individual ☑ Public ☐ Community

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

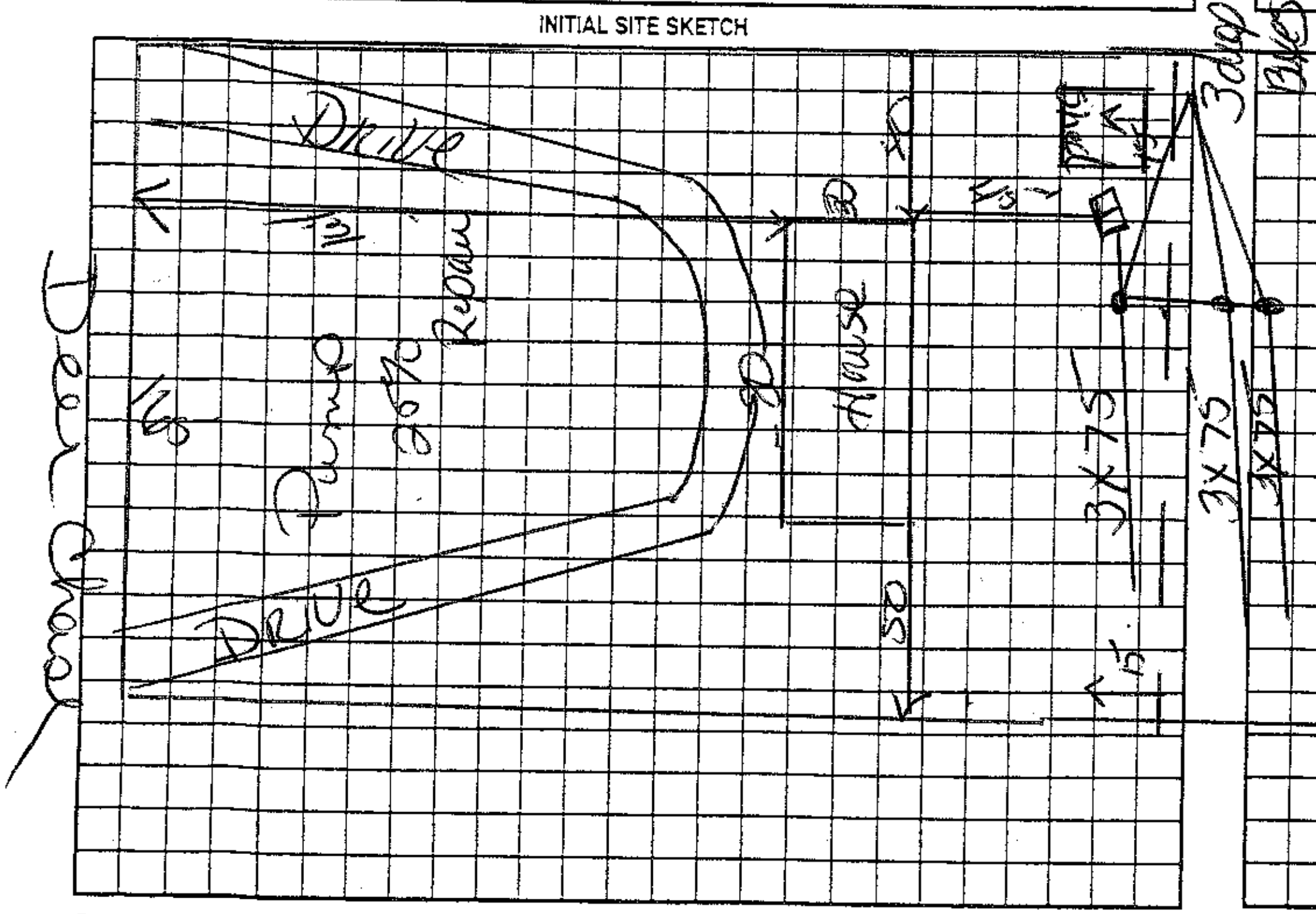
Comments:/Conditions:

Install on Contour
Maintain all setbacks

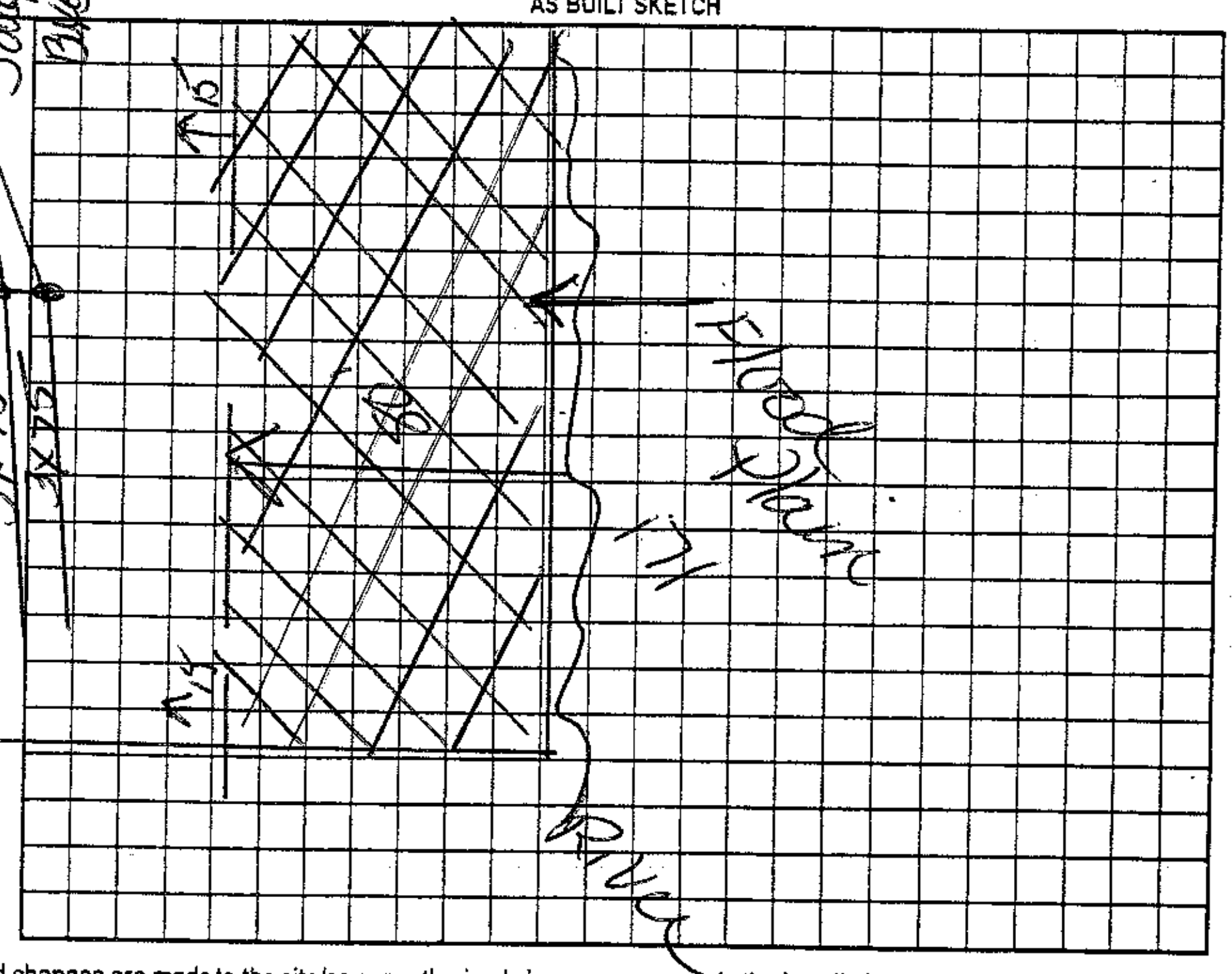
Comments:/Conditions:

Red Filter

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: Wayne Cape date 1-10-07

Installed by: Daryl Septic

Improvement Permit by: Kelly Cook date 1-10-07

Operation Permit by: Kelly Cook date 12-6-07

Authorization to Construct by: Kelly Cook date 1-10-07

Existing System Inspection by: ________ date ________

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