IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 150288 PIN# 4779-48-5384 DATE 5-23-08

OWNER OR APPLICANT John Eshom PHONE: Business _____ Home 704-340-5174

ADDRESS 167 Mt Pisgah Church Rd 28634

LOCATION Hwy 21 N to Mt Pisgah Rd Blanco on right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA .371 SITE CLASS P5 DESIGN FLOW 360 L.T.A.R. .45

Septic Tank: 1000 Gallons STB 750 Date 2-28-08

Pump Tank: _____ Gallons PT _____ Date _____

Pump Make _____ Model _____ Serial No. _____

Nitrification Field: No. Fields _____ Square Feet _____ Lineal Feet 300

No. Lines 4 Trench Width 3 Max Trench Bottom Depth 36 Gravel Depth _____

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

System Description: 250 Reduction w/ 50% Repair System Description: 50% Reduction w/ pump

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Persons _____ No. Employees _____

Water Supply: ☐ Individual ☑ Public ☐ Community

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

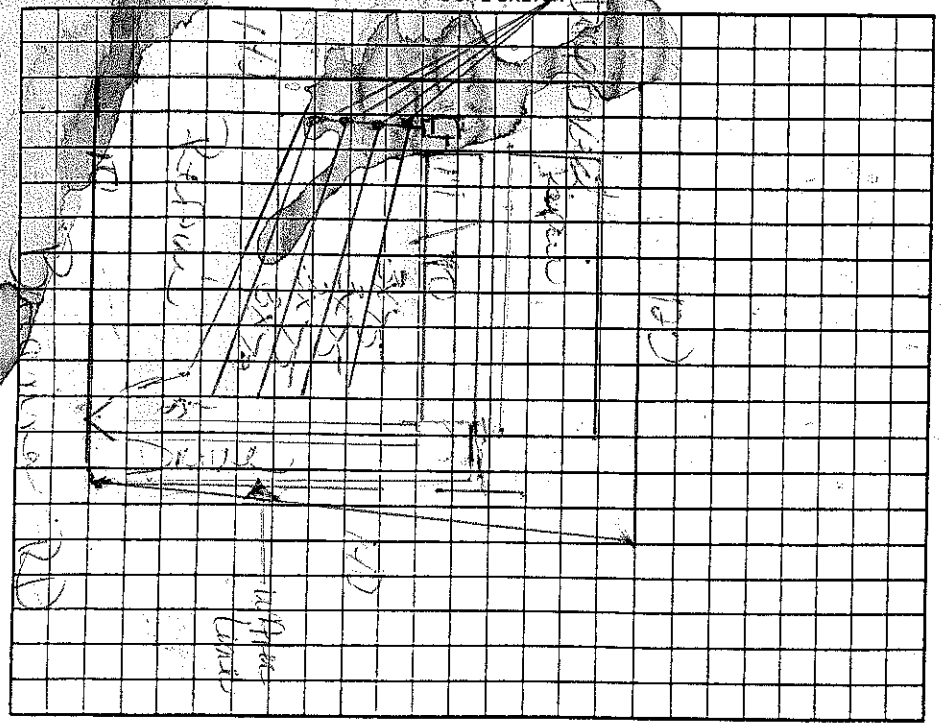
Comments/Conditions:

Remove Sam Service

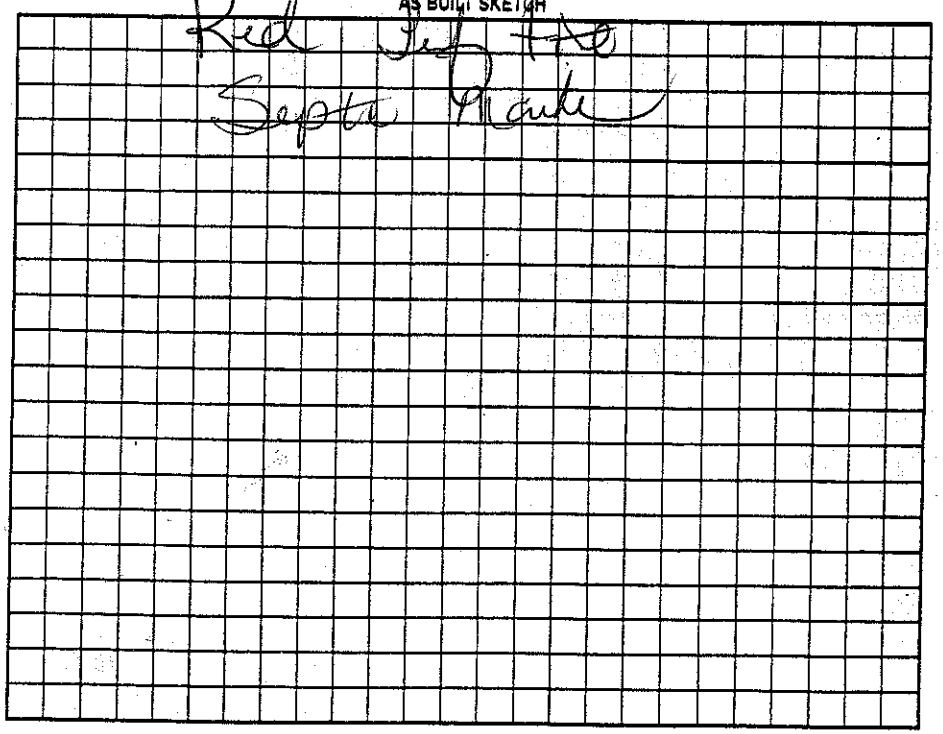
Comments/Conditions:

Maintain all setbacks
Install on contour

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: _____ date _____

Improvement Permit by: _____ date 5-23-08

Authorization to Construct by: _____ date 5-23-08

Installed by: _____

Operation Permit by: _____ date 5-29-08

Existing System Inspection by: _____ date _____

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