IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 128915 PIN# 4797279930 DATE 7/29/05

OWNER OR CONTRACTOR RANDALL O GRIFFITH PHONE: Business 704 878 6405 Home 704 546 5308

ADDRESS 724 GARDEN VALLEY RD STATESVILLE, NC 28677

LOCATION 40E 64E @ BATTLE RD @ LOT

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA 5.61 ACRES SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB ____ Date ~~7-29-05~~

Pump Tank: ____ Gallons; PT ____ Date 7-29-05

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI

System Description: GRAVITY 25% REDUCTION

Repair System Description: PUMP 25% REDUCTION

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

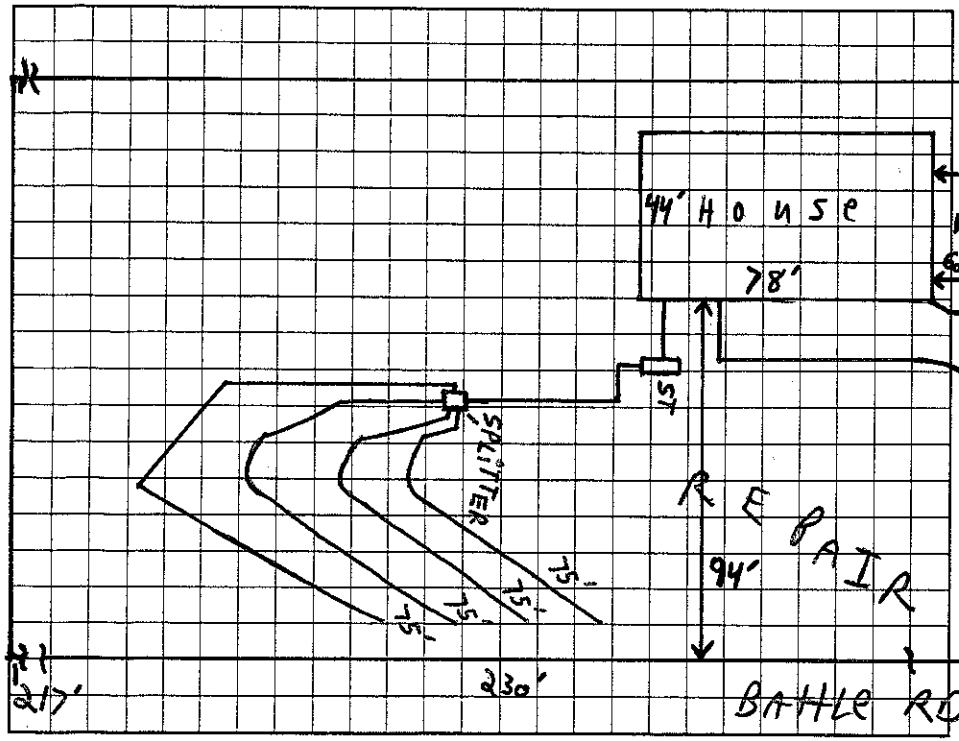
Comments:/Conditions: INSTALL ON CONTOUR, USE EFFLUENT SPLITTER SUCH AS ZOELLER Y&N-FLO.

Comments:/Conditions:

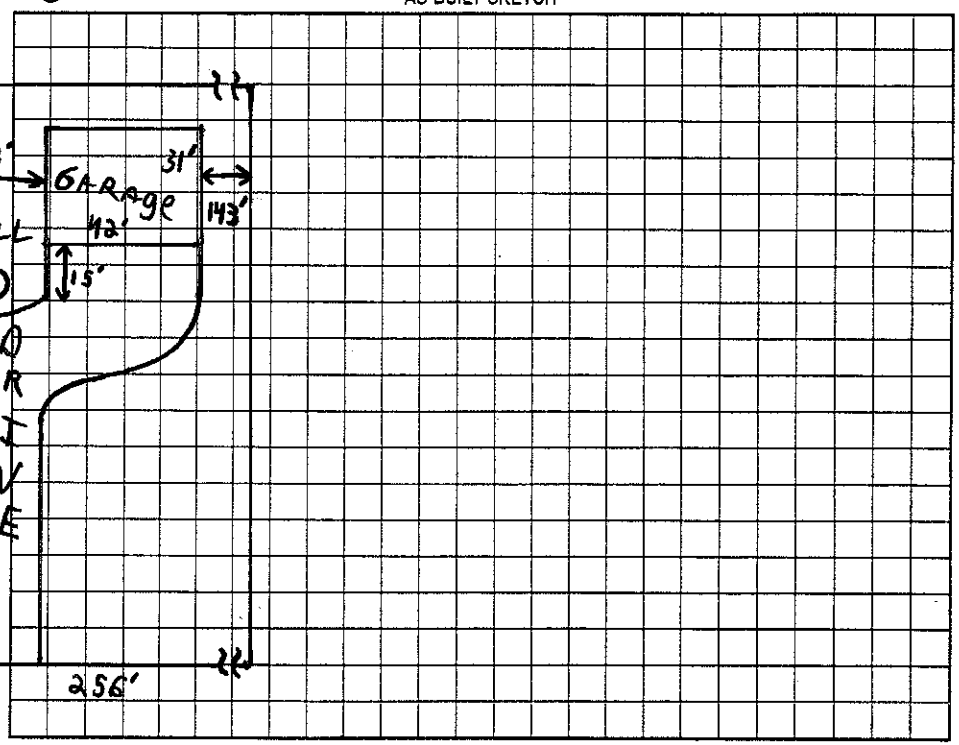
Septic tank marker

Yellow Tuf-Tite

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: Shannon Griffith date 8-1-05

Improvement Permit by: [signature] date 7/29/05

Authorization to Construct by: [signature] date 7/29/05

Installed by: Steve Jordan

Operation Permit by: Kelly Cook date 3-10-06

Existing System Inspection by: ____ date ____

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