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 & GRIFFITH PHONE: Business 704 878 6405 Home 704 546 5308

ADDRESS 724 GARROW 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; STR _____ 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"

☒ New System ☐ Repair System Type: I (II) III, V, VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: PUMP 25% REDUCTION
Maintenance Agreement Required: ☐ Yes ☒ No

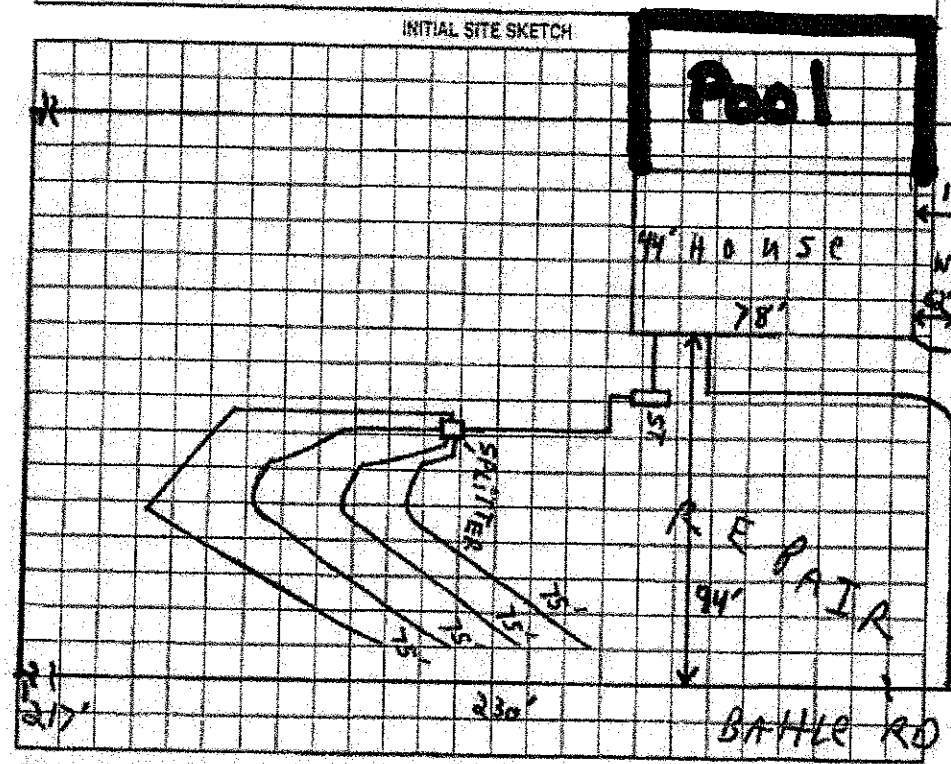
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____
Gravel Depth N/A ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

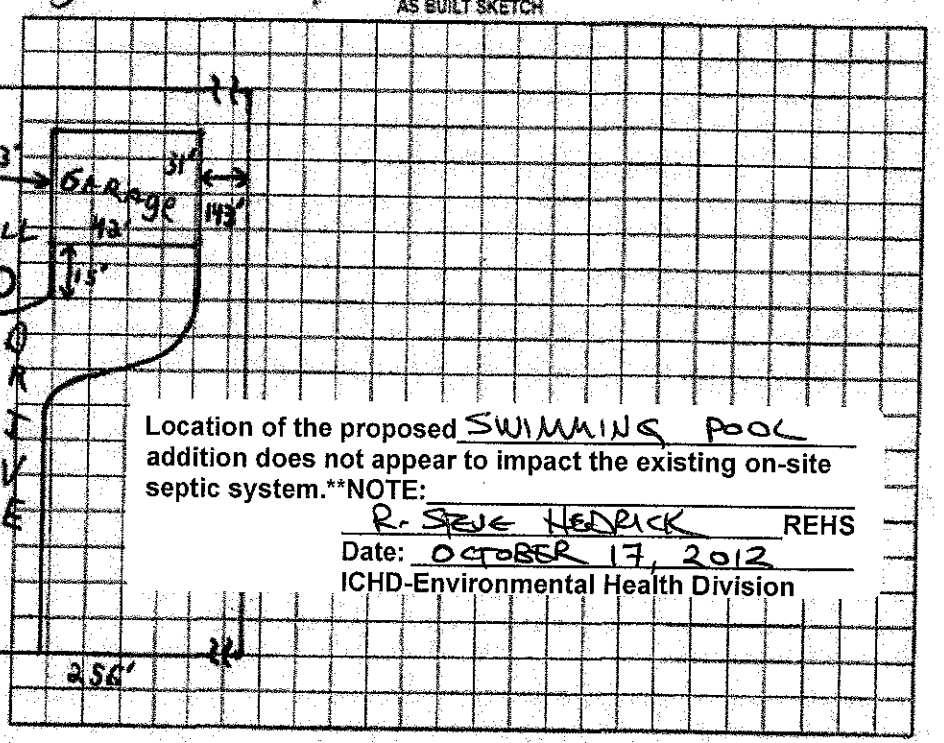
Comments/Conditions: INSTALL ON CONTOUR, USE EFFLUENT SPLITTER SUCH AS ZOELLER Y&N-FLO.

Comments/Conditions: Septic tank must be Approved by Env. Health

INITIAL SITE SKETCH



AS BUILT SKETCH



Location of the proposed SWIMMING POOL addition does not appear to impact the existing on-site septic system.**NOTE:

R. STEVE HENDRICK REHS
Date: OCTOBER 17, 2012
ICHD-Environmental Health Division

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