IREDELL COUNTY HEALTH DEPARTMENT (CA)

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

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

PERMIT# 132201 PIN# 4798103427 2575 DATE 6-15-07

OWNER OR APPLICANT Eileen Pierce

PHONE: Business 704-544-2099 Home 704-873-0025

ADDRESS 380 Godsey Farm Rd Stoneville NC 27048

LOCATION I40W Exit 144 Go east on 64 TL Society RD TL Breezy Farm at end

SUBDIVISION ______ BLOCK / SECTION ______ LOT ______ LOT AREA 18 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 10 D Date 5-25-07

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields ______ Square Feet 1440 Linear Feet 360

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36 Gravel Depth ______ ☐ Gravity ☐ Pressure

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

System Description: 25% Conventional

Repair System Description: 25% Pump

Maintenance Agreement Required: ☐ Yes ☐ No

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

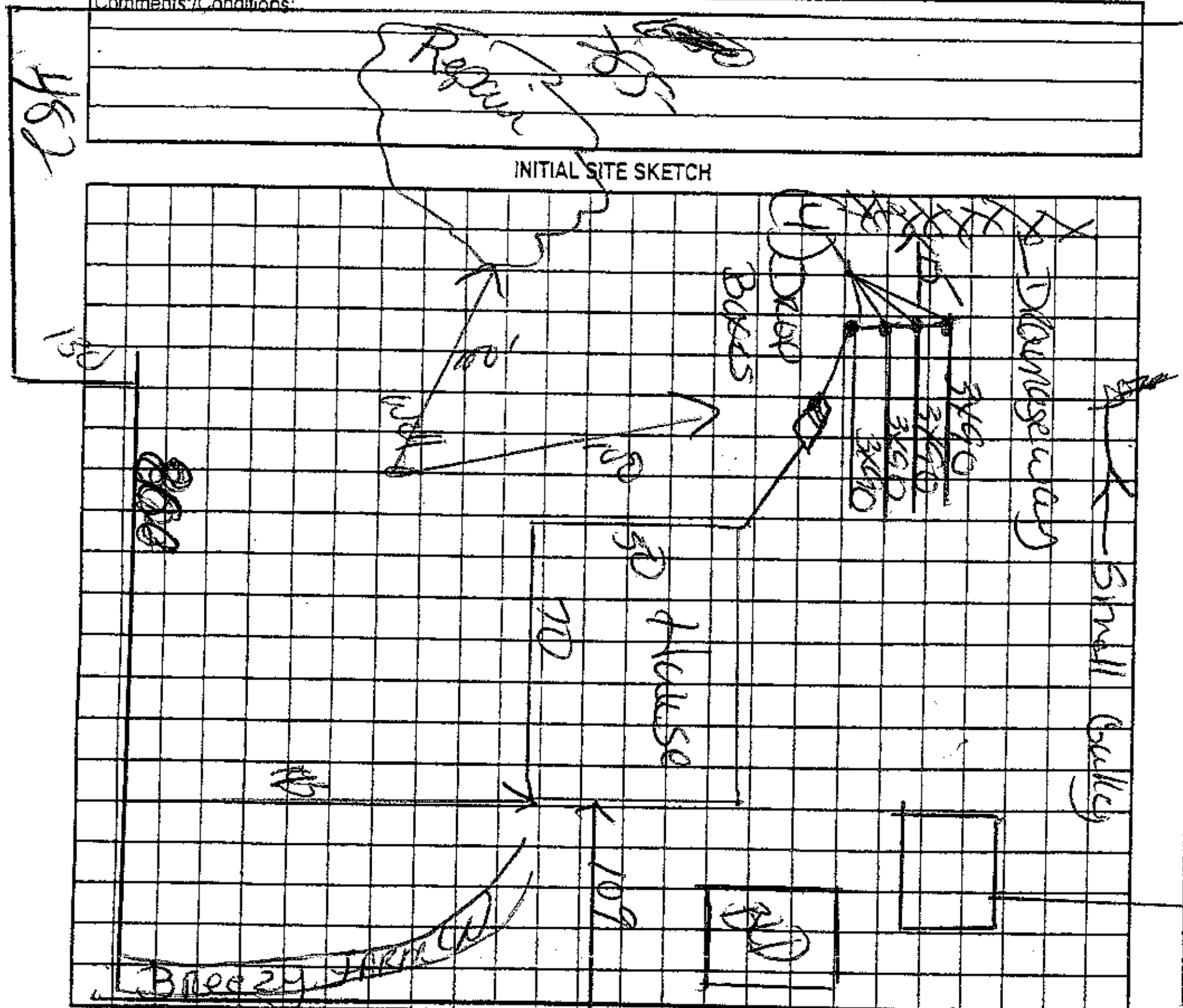
No. Bedrooms 3 No. Persons 2 No. Employees ______

Water Supply: ☑ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

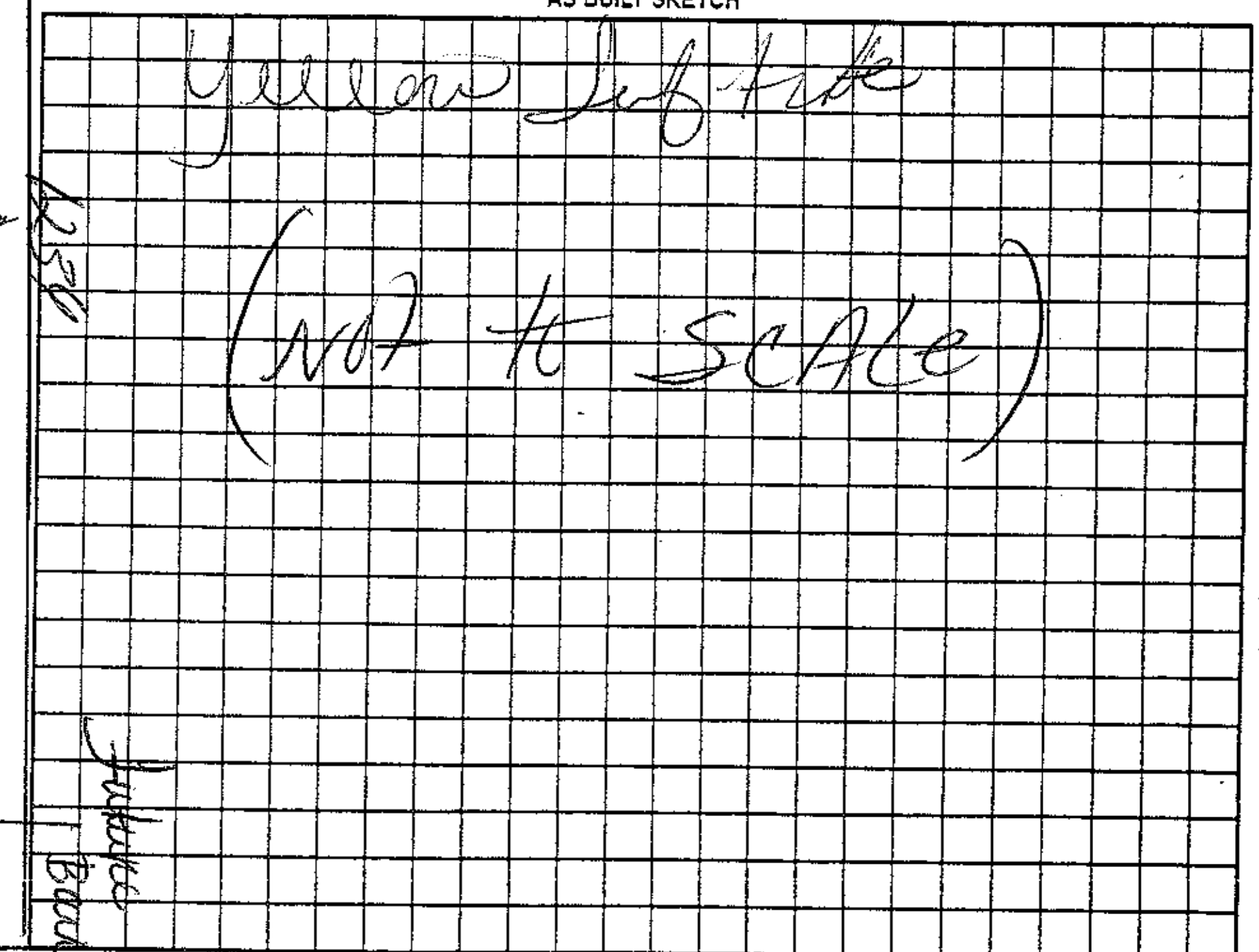
INITIAL SITE SKETCH



Comments:/Conditions:

Maintain 100' away well
Install on contour

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: [signature] date ______

Installed by: Steve Jordan

Improvement Permit by: Kelly Cook date 6-15-07

Operation Permit by: Kelly Cook date 12-27-07

Authorization to Construct by: Kelly Cook date 6-15-07

Existing System Inspection by: ______ date ______

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