IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 143205 PIN# 4799071539 DATE 6-12-07

OWNER OR APPLICANT Philip & Simone Brent PHONE: Business _____ Home 704-546-5534

ADDRESS 119 Bullard Rd Statesville NC 28634

LOCATION 21W (R) 901 Bullard Rd (L) Left Statesville

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 9.06 SITE CLASS B DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB HDP Date 9-24-91

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet 1035 Linear Feet 345

No Lines 3 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: Existing Gravity

Repair System Description: Conventional Bedroom

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:

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Approved for 3 Bedroom
@ .35 LTAR
345 linear feet.
3 @ 115

INITIAL SITE SKETCH

AS BUILT SKETCH

for Hunter

Drive

3 x 115

3 x 115

3 x 115

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 _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Kelly Cook date 6-12-07

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