IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 147620 PIN# 4802-79-8611

OWNER OR APPLICANT Harry White DATE 31 March 08

ADDRESS 187 James Farm Rd. Statesville, N.C. PHONE: Business _____ Home (704) 657-7251

LOCATION 115N TL Coolbrook Rd. Prop. on Rt.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 5.448 ac. SITE CLASS PS DESIGN FLOW 240gpd L.T.A.R. 0.3 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 11108

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet = 800 Linear Feet 200

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

Follow contour /

Comments:/Conditions:

ST has mark / Filter installed.

INITIAL SITE SKETCH

Please see Attached Site Plan.

AS BUILT SKETCH

Installed As Drawn.

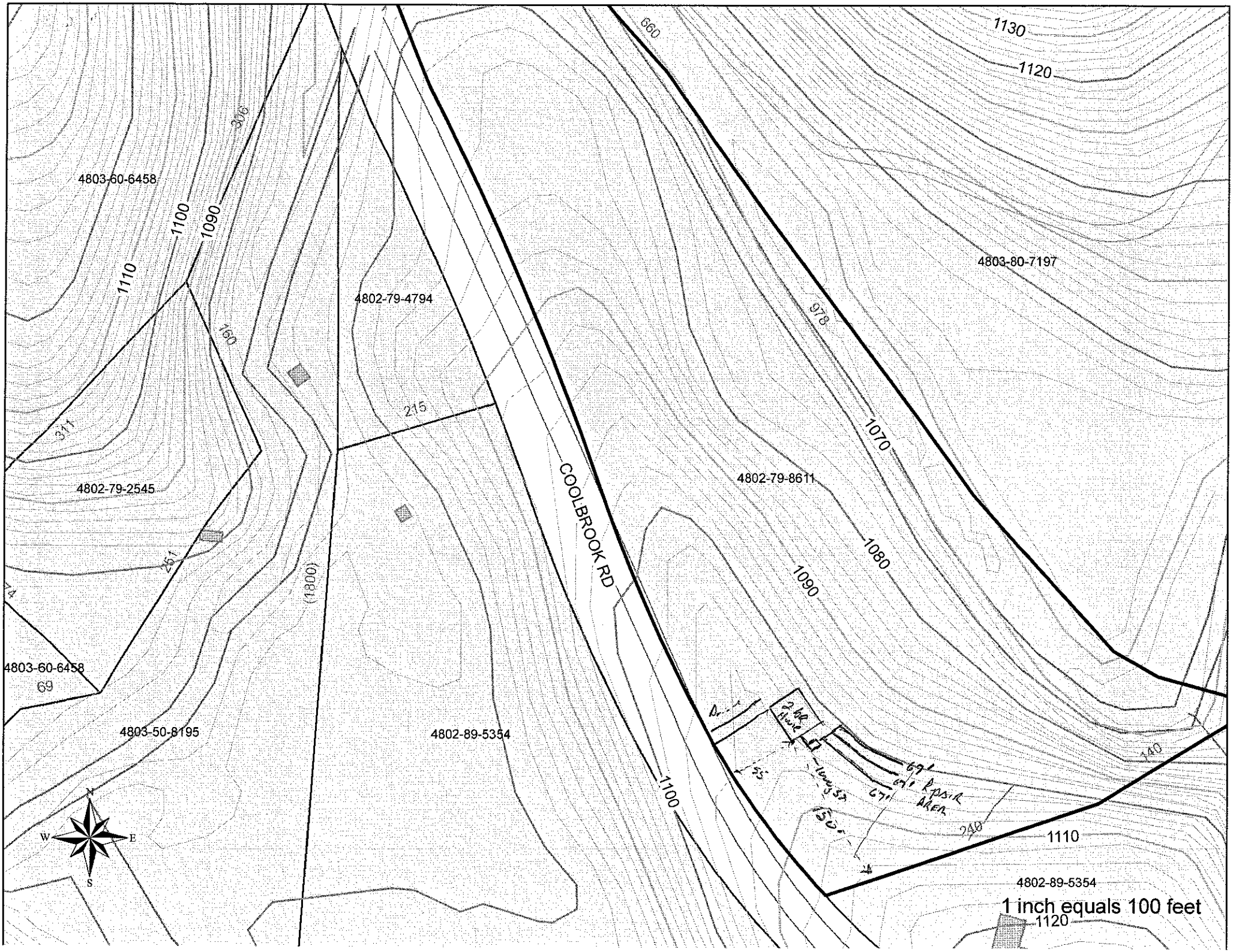
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☑ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Harry White date 31 March 08 Installed by: Kayson Madison

Improvement Permit by: _____, R.S date 31 March 08 Operation Permit by: _____, R.S date 12-4-09

Authorization to Construct by: _____, R.S date 4-1-08 Existing System Inspection by: _____ date _____

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


4803-60-6458
4802-79-4794
4803-80-7197
4802-79-2545
4802-79-8611
COOLBROOK RD
4803-60-6458
4803-50-8195
4802-89-5354
4802-89-5354
1 inch equals 100 feet
1130
1120
1110
1100
1090
1080
1070
660
978
306
160
311
215
251
(180)
69
140
240
N
S
E
W