IREDELL COUNTY HEALTH DEPARTMENT

SPC STATESVILLE 704-878-5305 (ad) MOORESVILLE 704-664-5281

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

PERMIT# 150562 PIN# 4812-20-4119 0089 DATE 26 June 08

OWNER OR APPLICANT David & Kimberly Smith PHONE: Business _____ Home 704-876-3734

ADDRESS 122 Myrtle Rd Statesville, NC

LOCATION Hwy 21 S to Mid View TR to Love Valley Go the Hill Mtn - Behind "Miss Kitty's"

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 4.862 Ac. SITE CLASS. DS DESIGN FLOW 360 g/d L.T.A.R. 0.3 g/d/ft²

Septic Tank: 1000 Gallons; STB 760 Date 5-23-08

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

☑ 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

☑ Gravity ☐ Pressure

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

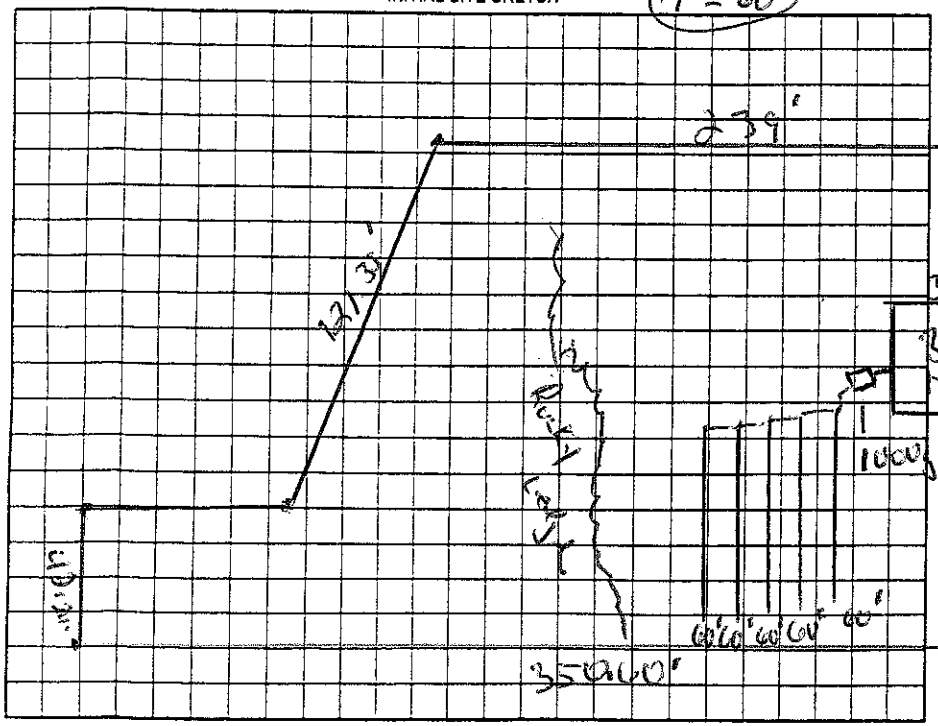
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Follow contour

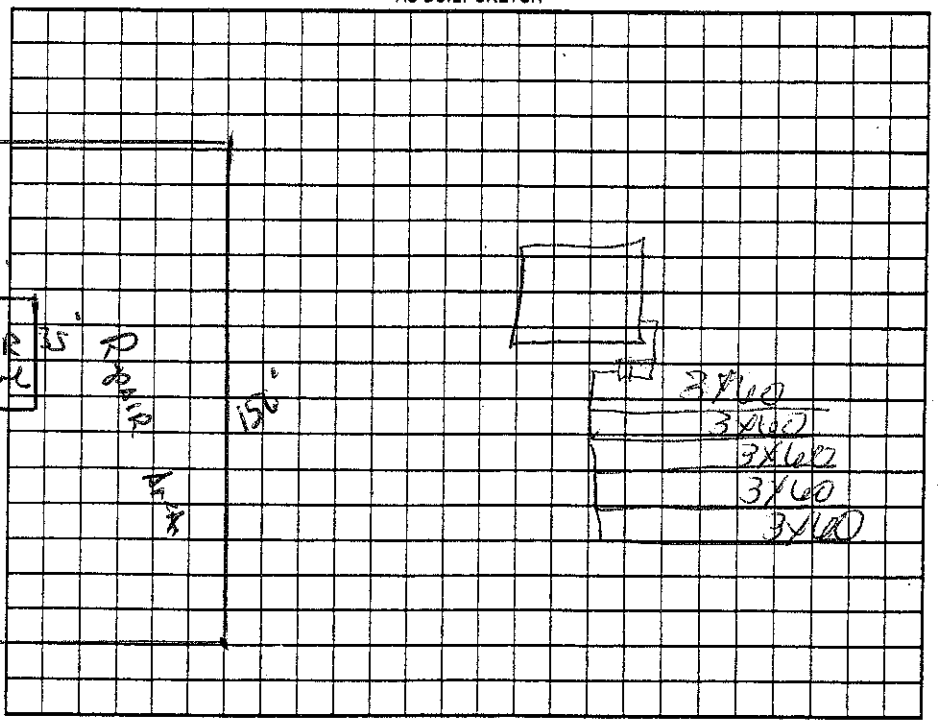
Comments:/Conditions: Red-Tag TFC

Septic Marker

INITIAL SITE SKETCH (1" = 60')



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: Kimberly K. Smith date 6/26/08

Improvement Permit by: _____ R.S. date 26 June 08

Authorization to Construct by: _____ R.S. date 26 June 08

Installed by: A-1 Backhoe

Operation Permit by: _____ date 1-20-09

Existing System Inspection by: _____ date _____

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