IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13501.0 PIN# 4813734044 3060 DATE 5-1-06

OWNER OR APPLICANT Teresa M. Weber PHONE: Business 704-871-1413 Home 704-872-2435

ADDRESS 289 Fairwood Ave Statesville NC 28625

LOCATION 115 N (R) Cinnerpond 3.1 Cinnerpond - first R before Church

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.0 acre SITE CLASS. _____ DESIGN FLOW 240 L.T.A.R. .25

Septic Tank: _____ Gallons: STB 1012 Date 12-9-05

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet 960 Linear Feet 240

No Lines 2 Trench Width 36" Max Trench Bottom Depth 24"

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

System Description: 2 Sep Gravity Drain

Repair System Description: 500 gal Pump

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth NA ☑ Gravity ☐ Pressure

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☐ Individual ☐ Public ☑ Community

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

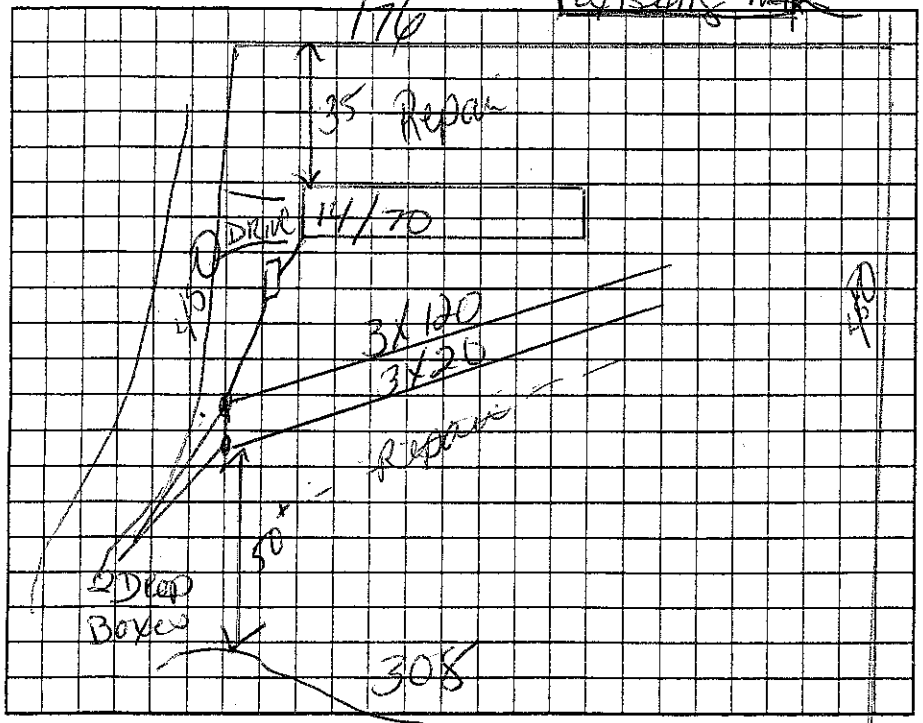
Comments:/Conditions:

xwell

Comments:/Conditions:

Install on contour
Maintain all setbacks
08467 permit

INITIAL SITE SKETCH Existing MH



AS BUILT SKETCH

yellow tube - to filter
Septic tank marker

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: Dennis Dallas date 5-1-06

Improvement Permit by: _____ date 5-1-06

Authorization to Construct by: _____ date 5-1-06

Installed by: Agl Backhoe

Operation Permit by: _____ date 5-2-06

Existing System Inspection by: _____ date _____

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