IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING

STATESVILLE 704-878-5305 (ad) MOORESVILL

PERMIT# 152400

OWNER OR APPLICANT Mary Coffey PIN# 4830513449

ADDRESS 352 Bess Rd PHONE: Business 704 878 9267 Home 70

LOCATION S. Chipley Ford, (R) on Bess, 1.5 miles on (R) past chicken houses

SUBDIVISION n/a BLOCK / SECTION n/a LOT n/a LOT AREA 2 acres SITE CLASS. P5 DESIGN FLOW 360

Septic Tank: 1000 Gallons: STB 1607 Date 9-29-06

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

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

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 Gravity

Repair System Description: 25% Reduction Gravity

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth n/a ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement

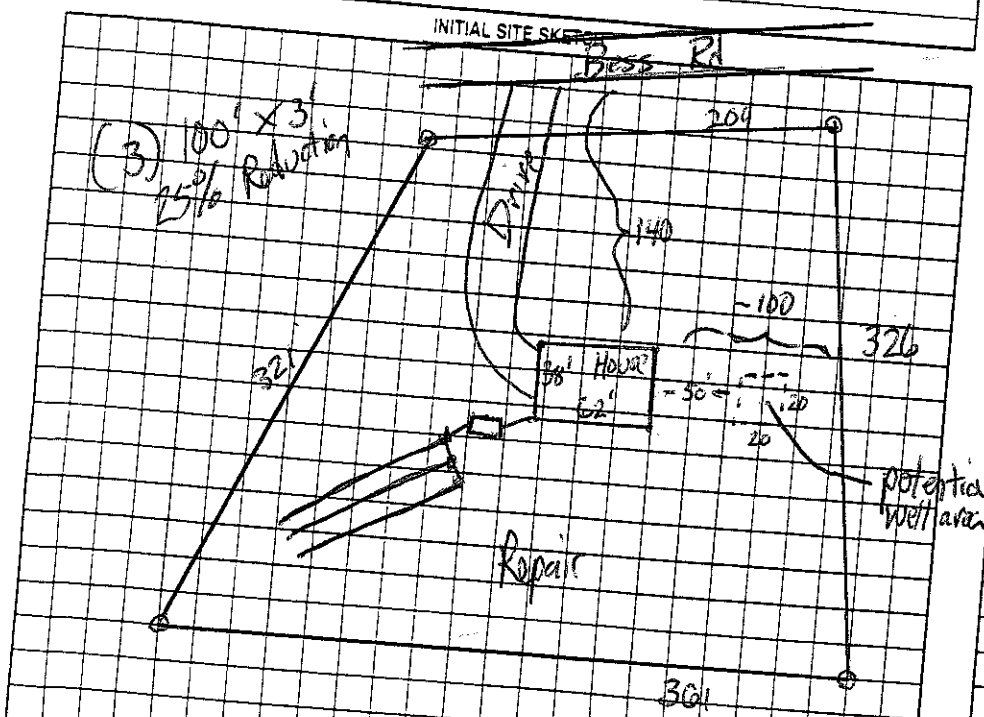
☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

Comments:/Conditions:

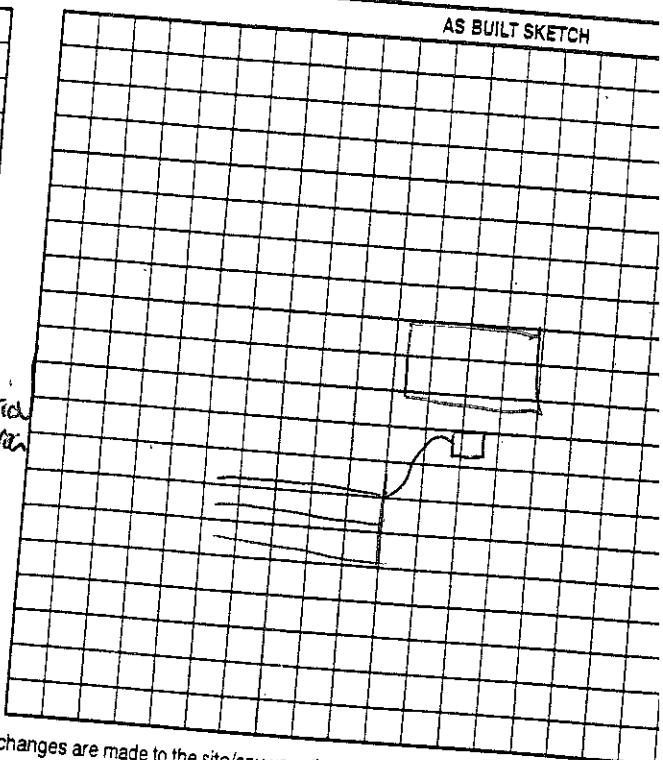
(4) 100' x 3' Conventional lines may also be used

Comments:/Conditions:

INITIAL SITE SKETCH



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 installatio

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 Permi

Signed: Mary D Coffey

Improvement Permit by: date 10/3/06

Authorization to Construct by: date 10-13-06

Installed by: Wellhaven Grading

Operation Permit by: date 10-13-06

Existing System Inspection by:

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

IREDELL COUNTY HEALTH DEPARTMENT

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

STATESVILLE 704-878-5305 (at) MOORESVILLE 704-664-5281

PERMIT# 152900 PIN# 4830513449

OWNER OR APPLICANT Mary Coffey PHONE: Business 704 878 9267 Home 704 881-1266 DATE 10-13-08

ADDRESS 352 Boss Rd

LOCATION W. Chipley Ford, (R) on Boss, 1.5 miles on (R) past chicken houses

SUBDIVISION n/a BLOCK / SECTION n/a LOT n/a LOT AREA 2 acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1007 Date 9-29-08

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

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

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth n/a

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

System Description: 25% Reduction Gravity

Repair System Description: 25% Reduction Gravity

Maintenance Agreement Required: ☐ Yes ☐ No

☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons No. Employees

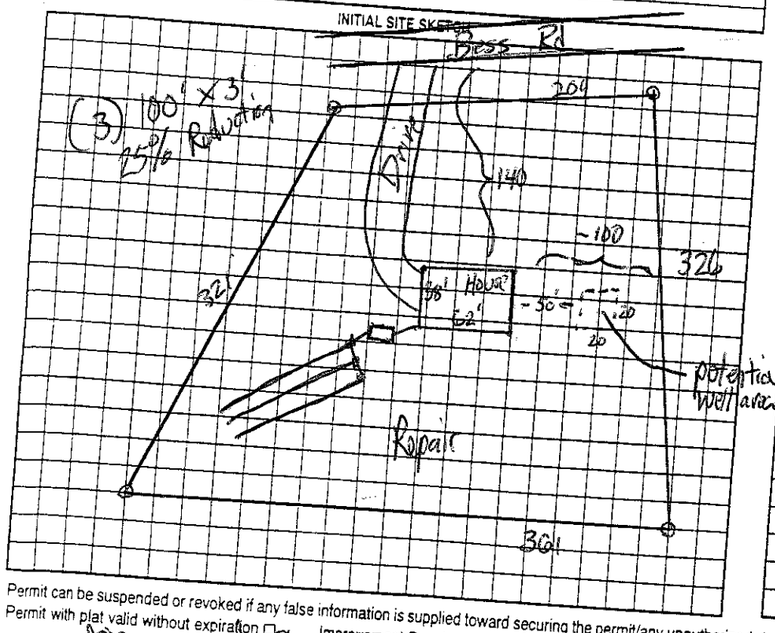
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

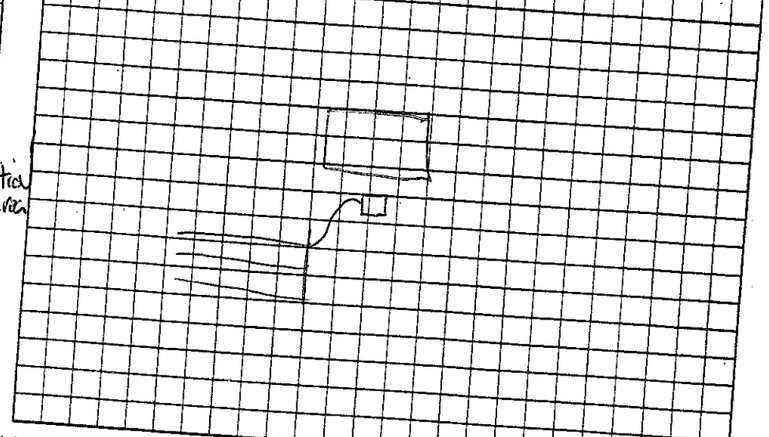
(4) 100' x 3' Conventional lines may also be used

Comments:/Conditions:

INITIAL SITE SKETCH



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: Mary D Coffey

Improvement Permit by: date 10/13/08

Authorization to Construct by: date 10-13-08

Installed by: Wellhaven Grading

Operation Permit by: date 12-2-08

Existing System Inspection by: date

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