IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 123458 PIN# 4833-18-6244 DATE 9-3-04

OWNER OR CONTRACTOR JOYCE JAMESON PHONE: Business (704) 399-5213 Home (704) 394-0594

ADDRESS 5934 MT HOLLY HUNTERSVILLE RD CHARLOTTE 28216

LOCATION 901 N TR GRASSY KNOB RD PROPERTY ON RIGHT

SUBDIVISION ~~90TR~~ BLOCK / SECTION _____ LOT _____ LOT AREA 4.0 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 10-29-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: LPP

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

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

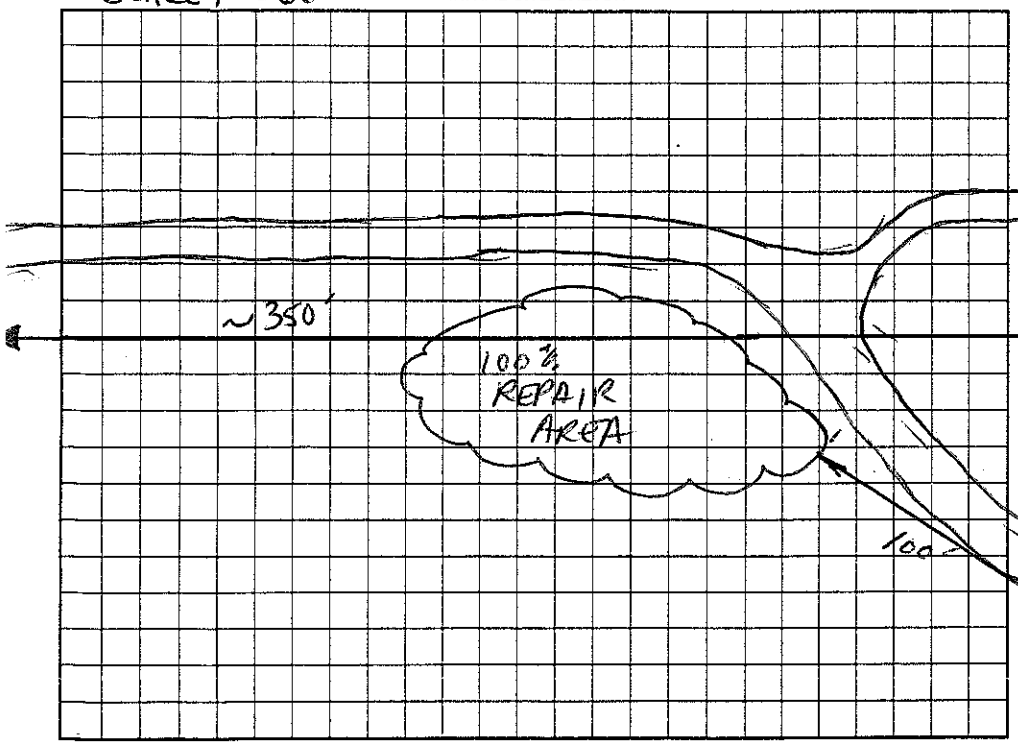
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: (1) INSTALL LINES ON CONTOUR
(2) MAINTAIN SETBACKS

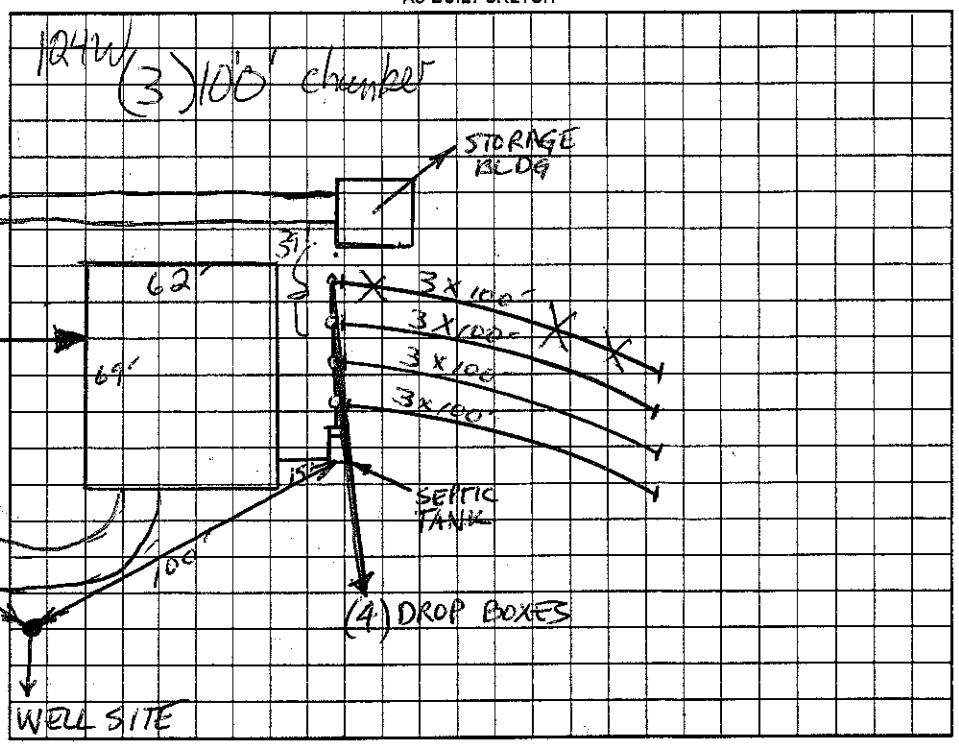
Comments/Conditions:
yellow filter
no risers

SCALE 1" = 60'

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: Joyce Jameson date 1-31-05 Installed by: A-1 Backhoe

Improvement Permit by: [signature] date 9-3-04 Operation Permit by: [signature] date 6-5-06

Authorization to Construct by: [signature] date 1-24-05 Existing System Inspection by: _____ date _____

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