IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 4-18-06

PERMIT# 134558 PIN# 4841-24-7807 8514

OWNER OR APPLICANT DAVID SILAVER PHONE: Business _____ Home 704-876-1673

ADDRESS 149 Whitetail RD Statesville, NC 28625

LOCATION JENNINGS RD North (E) WEISNER (L) CURRENT (R) RT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 4.0 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 760 Date 4-7-06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 3x133' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12" ☒ Gravity ☐ Pressure

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

System Description: CONV GRAV

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Persons 6 No. Employees ____

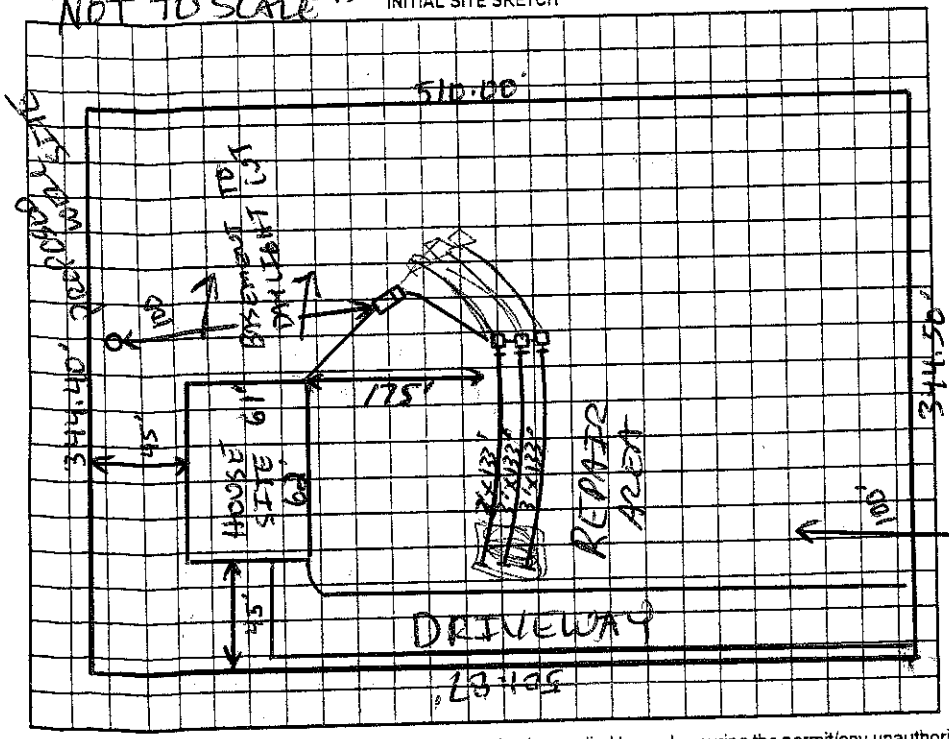
Water Supply: ☒ Individual ☐ Public ☐ Community

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

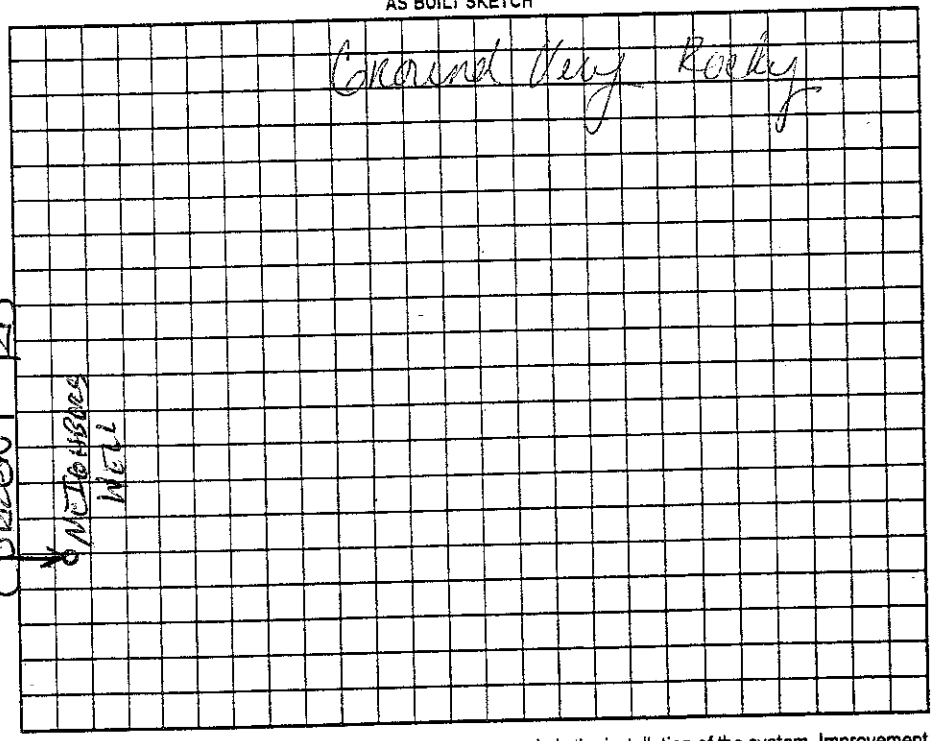
Comments:/Conditions: (1) INSTALL LINES ON CONTOURS & MAINTAIN SETBACKS (2) GRADE W/ OLD Field Terrace

Comments:/Conditions: Keep Poly liner out of Septic tank lines

"NOT TO SCALE" 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.

Improvement Permit by: _____ date 4-19-06

Authorization to Construct by: _____ date 4-18-06

Installed by: Brent Gaither date 9-8-07

Operation Permit by: _____ date _____

Existing System Inspection by: _____ date _____

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