# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (9) MOORESVILLE 704-664-5281

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

PERMIT# 1284320 PIN# 4851525356 4851825356 DATE 7-1-05

OWNER OR CONTRACTOR Donny Starr PHONE: Business 704-876-0672 Home 704-539-4292

ADDRESS 141 Twin Pine Drive Statesville 28625

LOCATION TN - East (4) (R) 901 (L) Tabor (R) left on Dirt Road

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 5+ acre SITE CLASS P3 DESIGN FLOW 360 L.T.A.R. .360

Septic Tank: 1000 Gallons; STB 1012 Date 5-30-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet 400

No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 0

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

System Description: Conven - Gravity

Repair System Description: Conven - Pump Gravity

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

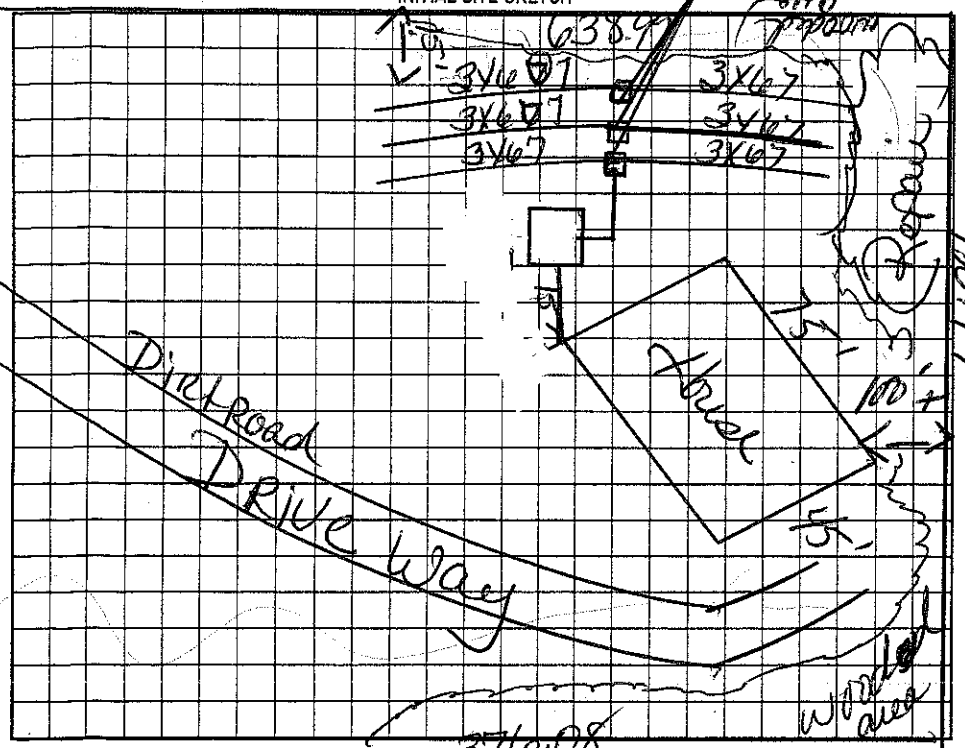
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

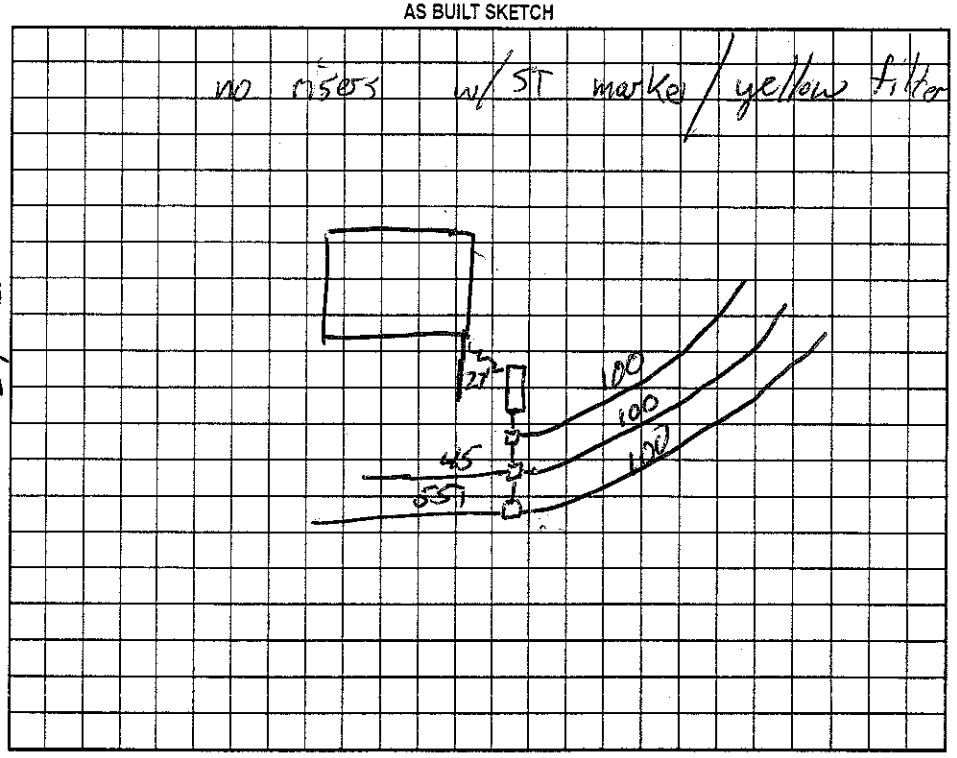
Comments/Conditions: 36" Trench Depth

Comments/Conditions: Accepted System may also be used (3) Drop Boxes

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: _____ date 7-5-05 Installed by: A-1 Backhoe

Improvement Permit by: _____ date 7-1-05 Operation Permit by: _____ date 12-28-05

Authorization to Construct by: _____ date 7-1-05 Existing System Inspection by: _____ date _____

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