12'50

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 151999 PIN# 4861323502 DATE 8-20-08

OWNER OR APPLICANT (Carolyn Horn) Horne Building PHONE: Business 704 878 2224 Home 704 878 2224

ADDRESS 229 Cedar Lake Statesville, NC

LOCATION 177N - (R) on Tomlin Mill Rd (L) on Tabor, (L) on Speaks, (L) on Padgett Farms - corner of Willies and Padgett Farms.

SUBDIVISION Padgett Farms BLOCK / SECTION 3 LOT 40 LOT AREA .503 Ac. SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB _____ Date 8-20-08

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

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

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

System Description: 25% Reduction Gravity

Repair System Description: 30% Reduction LP

Maintenance Agreement Required: ☐ Yes ■ No

■ Gravity ☐ Pressure

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

No. Bedrooms 3 No. Persons _____ No. Employees _____

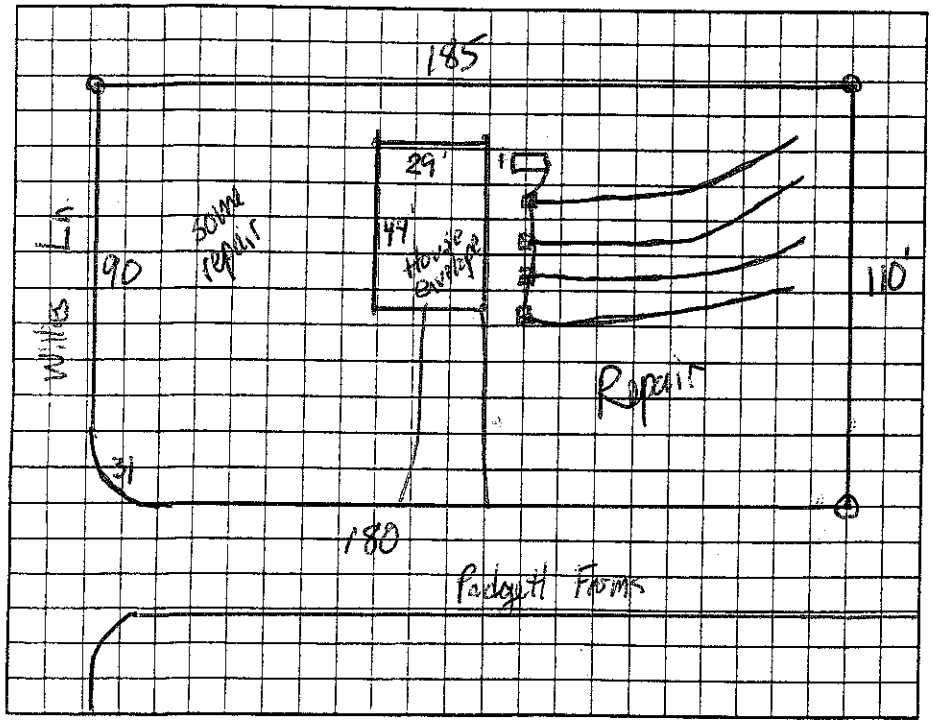
Water Supply: ☐ Individual ■ Public ☐ Community

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

Comments:/Conditions:

Comments:/Conditions:
Brown Bldg Balcon
Septic Mark

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 8-20-08 Installed by: Tommy Cothren

Improvement Permit by: _____ date 8-20-08 Operation Permit by: _____ date 10-31-08

Authorization to Construct by: _____ date 8-20-08 Existing System Inspection by: _____ date _____

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