IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 130522 PIN# 4860324~~4485~~ 9844 DATE 8-16-05

OWNER OR CONTRACTOR Carolyn Horne Bld PHONE: Business 704-878-2224 Home

ADDRESS 117 Wavell Place Statesville NC 28677

LOCATION Tomlex mill (R) Tabor RD about 4 miles 1st field Past Old Valley

SUBDIVISION PADGETT FARMS BLOCK / SECTION II LOT 22 LOT AREA .46AC SITE CLASS B DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1000 Date 7-2-05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields ____ Square Feet 1200 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NO

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: 25% - Gravity
Repair System Description: 25% pump
Maintenance Agreement Required: ☐ Yes ☐ No

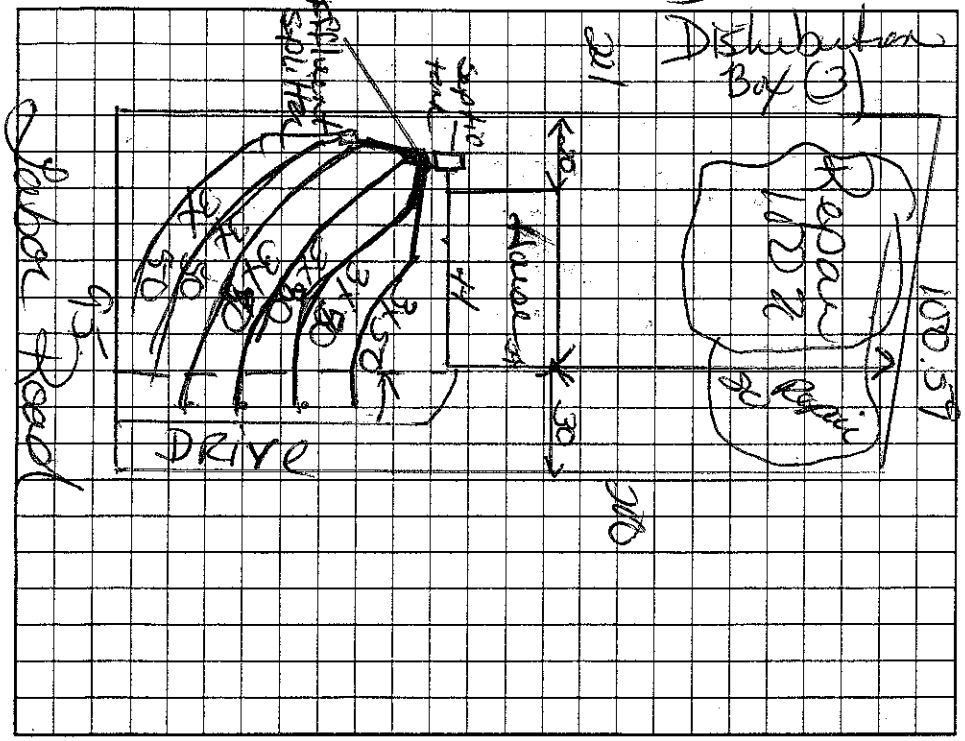
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

Comments:/Conditions: Unstall on Contour maintain setbacks Use Effluent Splitter)

Comments:/Conditions: Septic tank marker installed yellow surface filter

INITIAL SITE SKETCH



AS BUILT SKETCH

House is closer than original drawing
Drive was closer than original intended and drawn

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: Carolyn P Horne date 8-25-05 Installed by: Tommy Ivey

Improvement Permit by: Kelly L Cox date 82305 Operation Permit by: Kelly Cox date 3-3-06

Authorization to Construct by: Kelly L Cox date 8-23-05 Existing System Inspection by: ____ date ____

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