IREDELL COUNTY HEALTH DEPARTMENT

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

1.30

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

PERMIT# 139401 PIN# 4861-33-6039 DATE 15 December 06

OWNER OR APPLICANT Horne Build. Inc. PHONE: Business 704-878-2224 Home same

ADDRESS 229 Cedar Lake Dr. Statesville, N.C. 28625

LOCATION I-77N JR Turnaround Rd. TL Tabor Rd. TL Speaks, Lot on left

SUBDIVISION Padgett Farms BLOCK / SECTION 2 LOT 23 LOT AREA 0.463 ac. SITE CLASS. P5 DESIGN FLOW 360gpd L.T.A.R. 0.3 g/ft²/day

Septic Tank: 1000 Gallons; STB 1007 Date 4-13-07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 25% Reduction

Repair System Description: 50% Reduction - Pressure Dosed

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☐ Individual ☒ Public ☐ Community

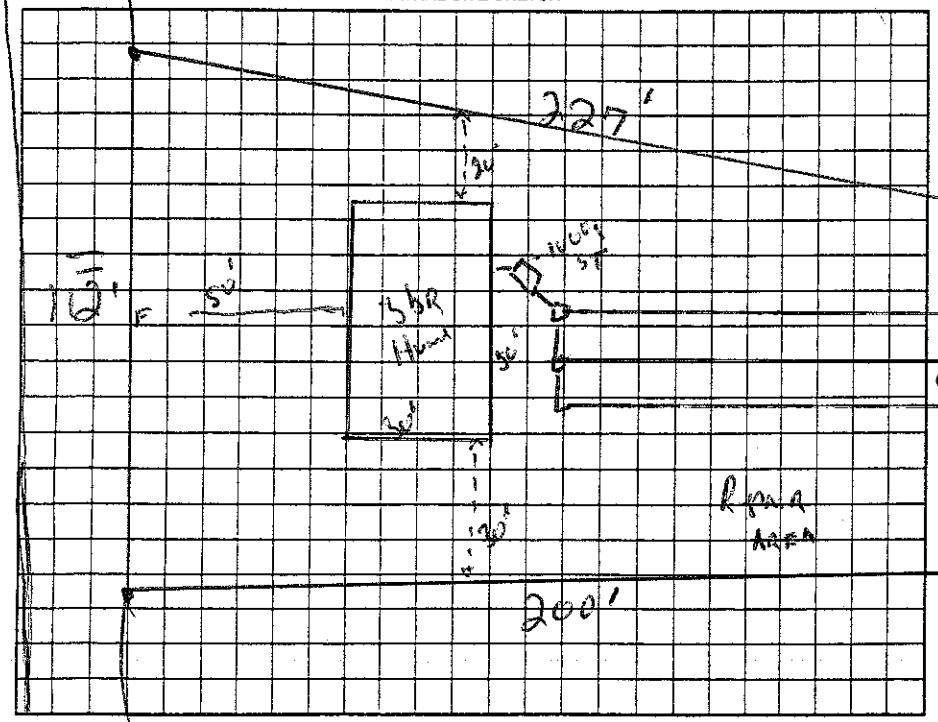
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Follow contour/ use Drop Boxes./

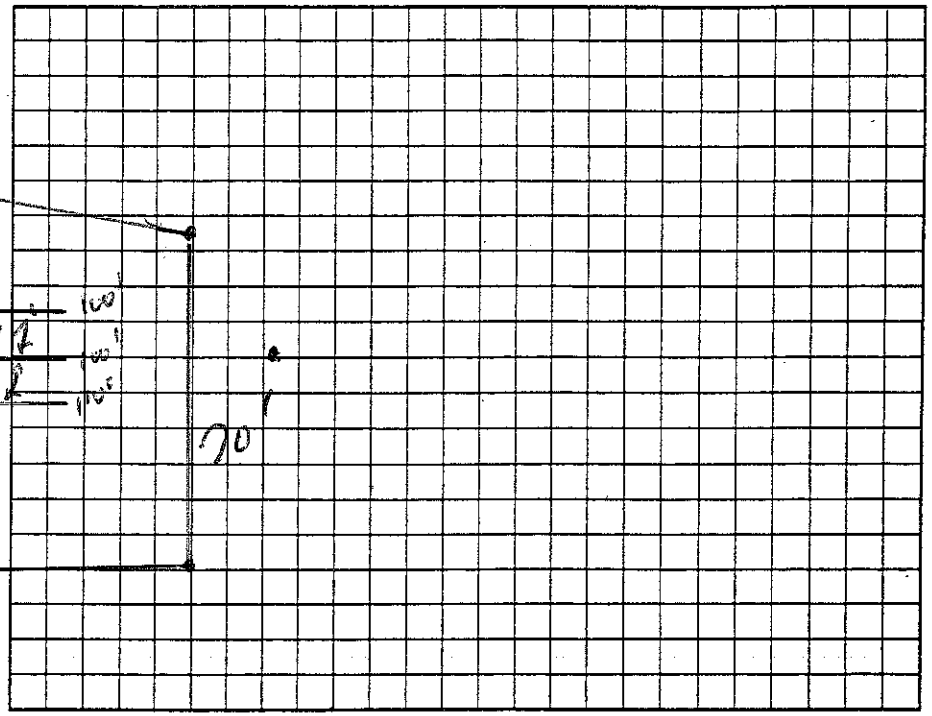
Comments:/Conditions:

Brown Fill

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: Jeffrey Horne date 12-18-06 Installed by: Colver & Sons

Improvement Permit by: D. Kapp, R.S. date 15 Dec. 06 Operation Permit by: _____ date 5-22-07

Authorization to Construct by: D. Kapp, R.S. date 15 Dec. 06 Existing System Inspection by: _____ date _____

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