CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13186602 PIN# 4862905222 12 DATE 11-8-05

OWNER OR CONTRACTOR Howard & Juanita Henderson PHONE: Business _____ Home 704-546-2731

ADDRESS 102 Henderson Hill RD Statesville NC 28634

LOCATION 21N left 90 1st crossroads Right Rd Rimmons

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.389 AC SITE CLASS. IB DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1017 Date 11-24-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 3 Trench Width 36 Max Trench Bottom Depth 18 Gravel Depth _____

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

System Description: 25% Graded

Repair System Description: 25% Graded

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ___

☐ Business No. Employees ___

☐ Other _____

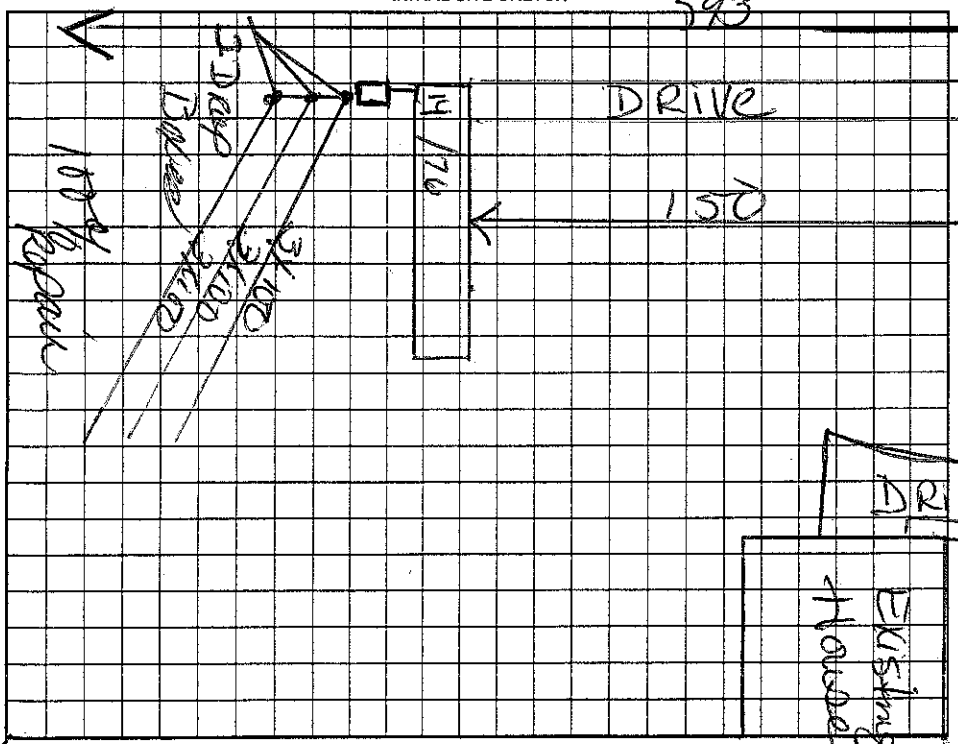
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

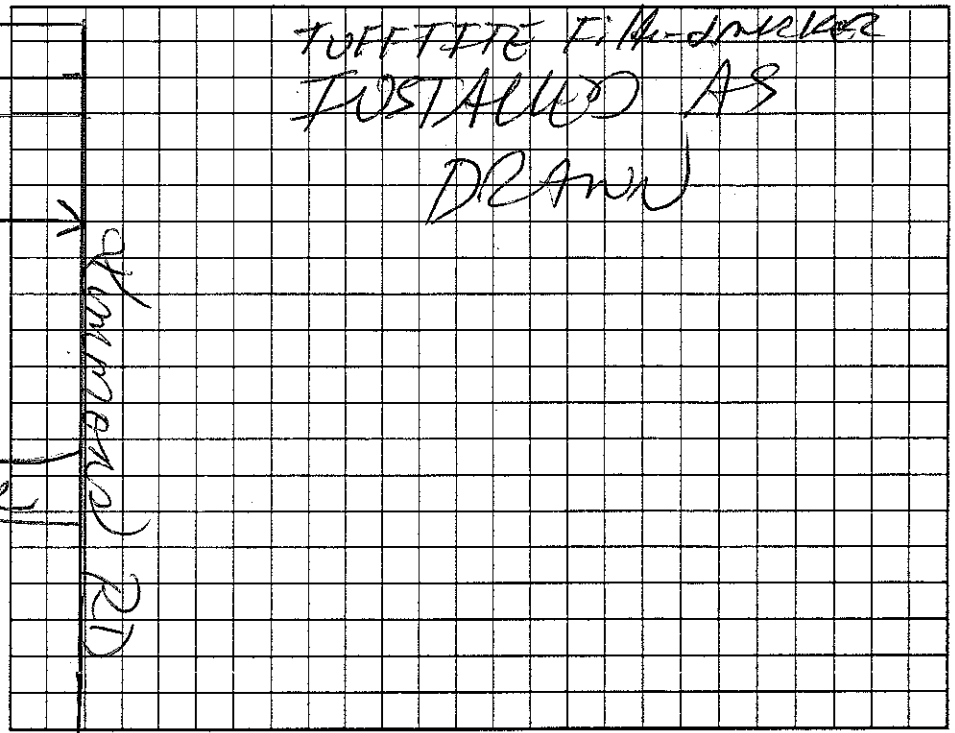
Comments:/Conditions: Maintain all set backs
Install as Contour

Comments:/Conditions:
18" trench bottom on 3rd line
lines 1,2 can be deeper
if need

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: Howard L Henderson date 11-8-05 Installed by: CJS Grading

Improvement Permit by: Keel L Cook date 11-8-05 Operation Permit by: [signature] date 3-13-06

Authorization to Construct by: Keel L Cook date 11-8-05 Existing System Inspection by: _____ date _____

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