IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 126046 PIN# 4871-69-6170 DATE 2-23-05

OWNER OR CONTRACTOR COUNTRY ROAD CONSTRUCTION (DAVID IGO) PHONE: Business (704) 791-7688 Home

ADDRESS 206 SPRING ST RICHFIELD, NC 28137

LOCATION US 21N CROSS HWY 901 TL COUNTRYSIDE 0.3 MILES ON LEFT (185 COUNTRYSIDE RD)

SUBDIVISION BLOCK / SECTION LOT LOT AREA 4.596 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 11-23-98
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☐ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description:
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms
☐ Business No. Employees
☐ Other

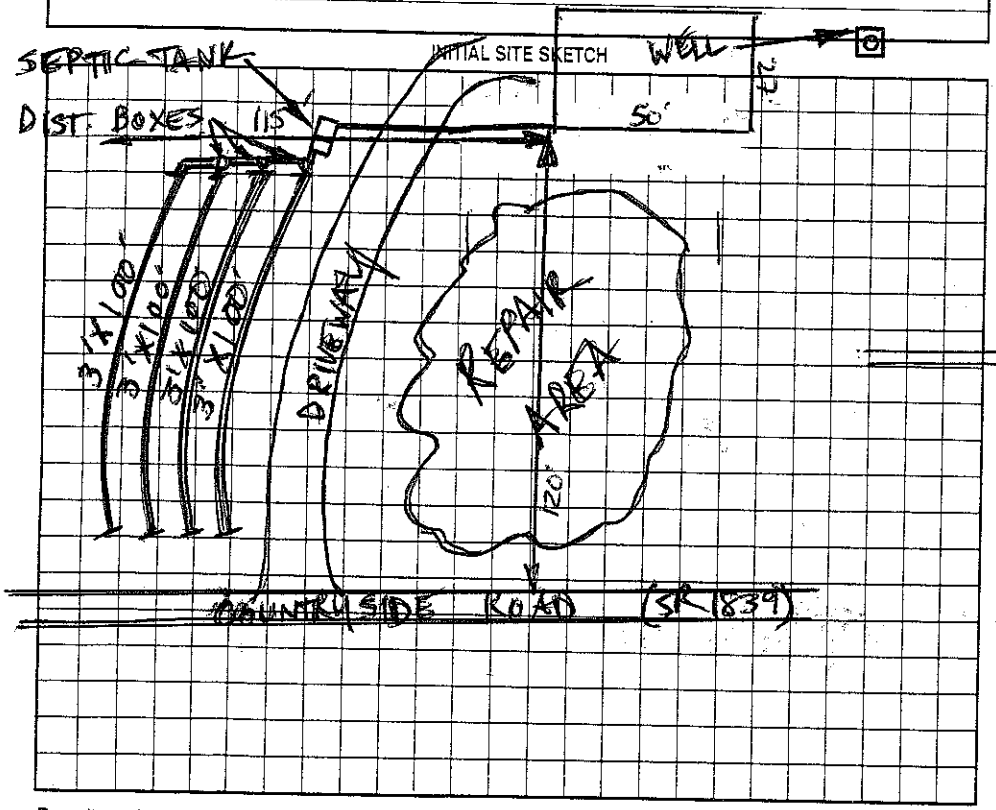
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: ① SYSTEM FUNCTIONING PROPERLY AT TIME OF INSPECTION. ② PERMISSION TO CONNECT NEW STRUCTURE TO SYSTEM ③ NEW STRUCTURE SHALL NOT INCREASE NUMBER OF BEDROOMS ON SYSTEM ④ S/W MOBILE HOME MUST BE REMOVED FROM LOT AFTER NEW HOME IS BUILT & READY FOR CONNECTION ⑤ THIS IS A VISUAL INSPECTION ONLY AND THERE IS NO GUARANTEE PROBLEMS WILL NOT ARISE IN FUTURE WITHOUT PROPER MAINTENANCE OF SYSTEM.

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: David Ig date 2-24-05 Installed by:

Improvement Permit by: date Operation Permit by: date

Authorization to Construct by: date Existing System Inspection by: LSS date 2-24-05

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