IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 11421 3 PIN# 3784-10-4870 DATE 8-15-03

OWNER OR CONTRACTOR CITY OF STATESVILLE PHONE: Business 40 828-325-2024 Home 704-878-3438

ADDRESS 301 S. CENTER ST, STATESVILLE NC 28625

LOCATION I-40 W, TR SHARON SCH. RD, TL ISLAND FORD RD, TR OLD LION ROAD, BEAR RIGHT PRIVATE DRIVE 1500' BACK

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 41.09 ACRES SITE CLASS. PS DESIGN FLOW 100 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 1500 Gallons; STB 379 Date 6-15-09

Pump Tank: 1000 1500 Gallons; PT 403 Date 6-16-04

Pump Make: "GREEN" Model UNKNOWN Serial No 24529A000

Nitrification Field: No Fields 1 Square Feet REQ. 333 Linear Feet 85'

No Lines TWO Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: 25% REDUCTION PUMP

Repair System Description: 25% REDUCTION PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Bathrooms ____

☐ Business MAX No. Employees 4

☑ Other RAW WATER INTAKE

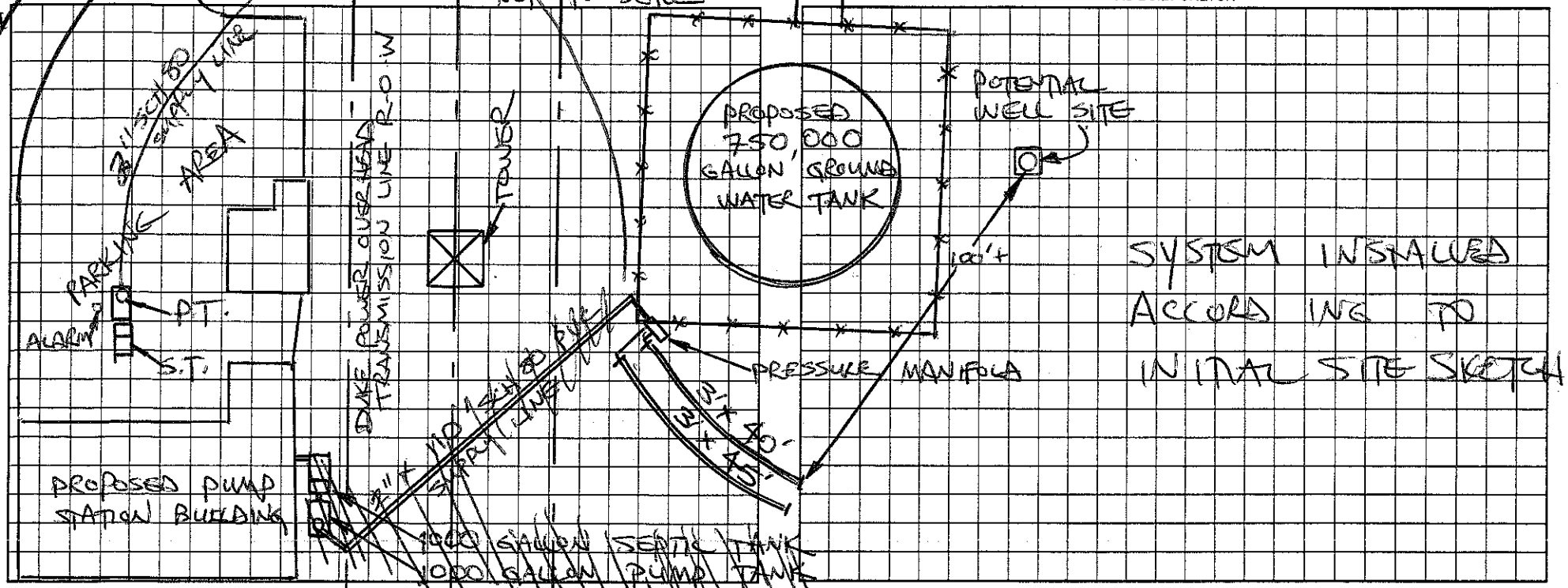
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments:/Conditions: (1) KEEP SYSTEM MINIMUM 50' FROM 838' HIGH WATER ELEVATION LINE, 100' FROM ANY WELL (2) SEE ATTACHED SHEETS FOR PUMP & PRESS. MANIFOLD REQ. (3) INSTALL 25% REDUCTION SYSTEM ON CONTOUR

Comments:/Conditions: DRIVEWAY

INITIAL SITE SKETCH NOT TO SCALE



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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: Jerry D. Welch date 8-22-03 Installed by: HICKORY CONST.

Improvement Permit by: STEVE HEDRICK date 8-15-03 Operation Permit by: STEVE HEDRICK date 2-17-05

Authorization to Construct by: STEVE HEDRICK date 8-15-03 Existing System Inspection by: _____ date _____

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