IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103572 PIN# 3784-62-8965 DATE 01-09-02

OWNER OR CONTRACTOR JAMES R SIGMON PHONE: Business _____ Home 704-872-9211

ADDRESS 2218 ISLAND FORD RD STATESVILLE NC 28625

LOCATION 40 W, (R) SHARON SCHOOL (L) IN FRONT OF SHARON STORE, 1ST HOUSE / LOT ON RT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.18 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 760 Date 10-16-01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I. (II.) III. IV. V. VI
System Description: CONV GRAV
Repair System Description: GRAV 254 ROD
Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home DW No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

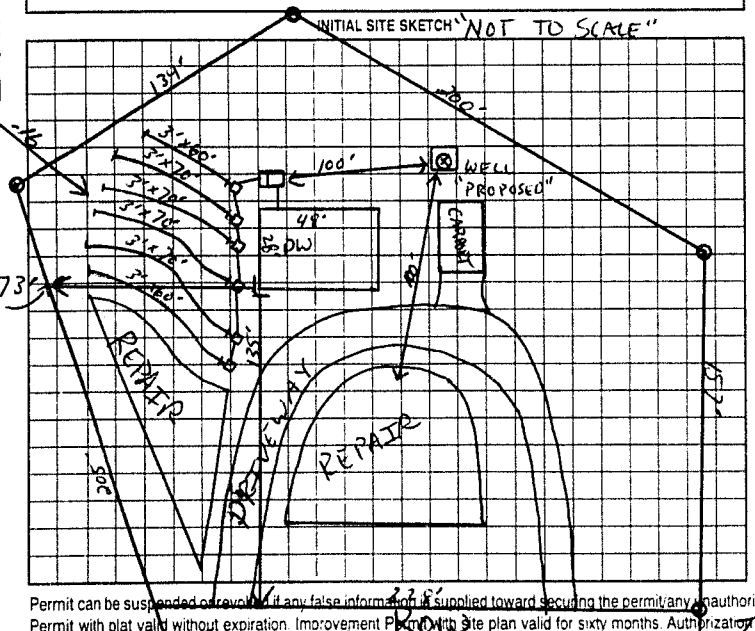
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: (1) INSTALL LINES ON CONTOURS (2) SYSTEM FLAGGED OUT (3) MAINTAIN SETBACKS

Comments/Conditions: - Zabel filter Installed

INITIAL SITE SKETCH "NOT TO SCALE"



AS BUILT SKETCH

Installed as shown

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: James Sigmon date 1-9-02 Installed by: B. Gullett Backhoe

Improvement Permit by: [signature] date 1-9-02 Operation Permit by: William O Johnson date 1/10/02

Authorization to Construct by: [signature] date 1-9-02 Existing System Inspection by: _____ date _____

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