IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 3784 92 [redacted] 8073 DATE 2-8-02

OWNER OR CONTRACTOR DENISE F. & JAMES H. ESTES PHONE: Business _____ Home (704) 872-5436

ADDRESS 2066 ISLAND FORD ROAD, STATESVILLE, NC 28625

LOCATION ISLAND FORD ROAD, ON RIGHT AT BOX # 2066 (JUST BEFORE SHARON LUTHERAN CHURCH)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA [redacted] 1 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: 1000 Gallons; STB 1012 Date 10-13-01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet EQ. TO 400 Linear Feet 300
No Lines TWO Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☐ New System ☑ Repair System Type: I (II) III. IV. V. VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: [redacted] REDUCTION
Maintenance Agreement Required: ☐ Yes ☑ No

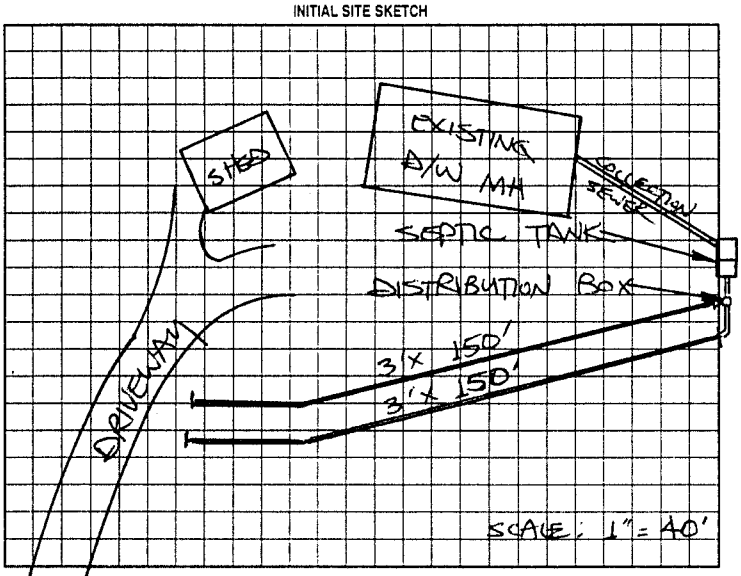
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments:/Conditions:

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "POLYLOK" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL 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: X Denise F. Estes date _____ Installed by: A-1 BACK HOE

Improvement Permit by: STEVE HEDRICK date 2-8-02 Operation Permit by: STEVE HEDRICK date _____

Authorization to Construct by: STEVE HEDRICK date 2-8-02 Existing System Inspection by: _____ date _____

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