IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 82723 PIN# 3785794612 DATE July 1999

OWNER OR CONTRACTOR Sharon / Ron Sloan PHONE: Business _____ Home 872 5157

ADDRESS 2328 Old NT Rd Statesville NC

LOCATION Old NT Rd @ County Line @ Sub Victorias Landmark Subdiv @ Lurdan Crest @ Lot 12

SUBDIVISION Victorias Landmk BLOCK / SECTION 2 LOT 12 LOT AREA .72 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 7-14-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 120 Linear Feet 420
No Lines 5@80 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 Gravity
Repair System Description: Same
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

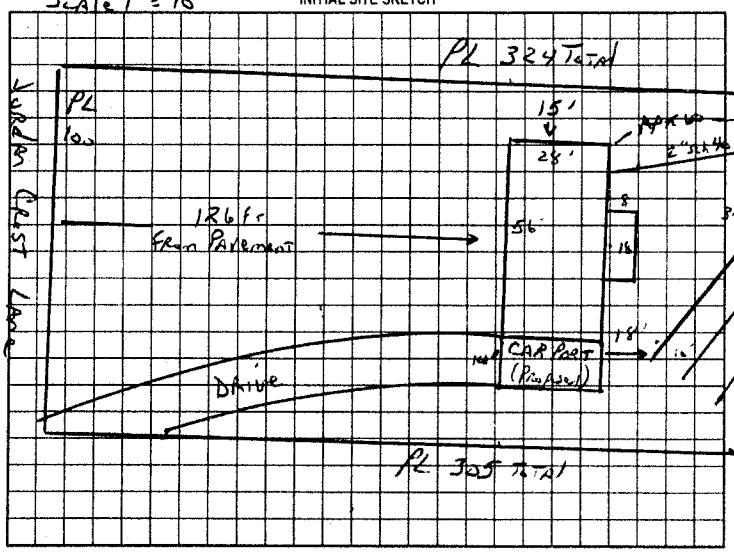
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: Install Lines on Contour
5 Drop Boxes

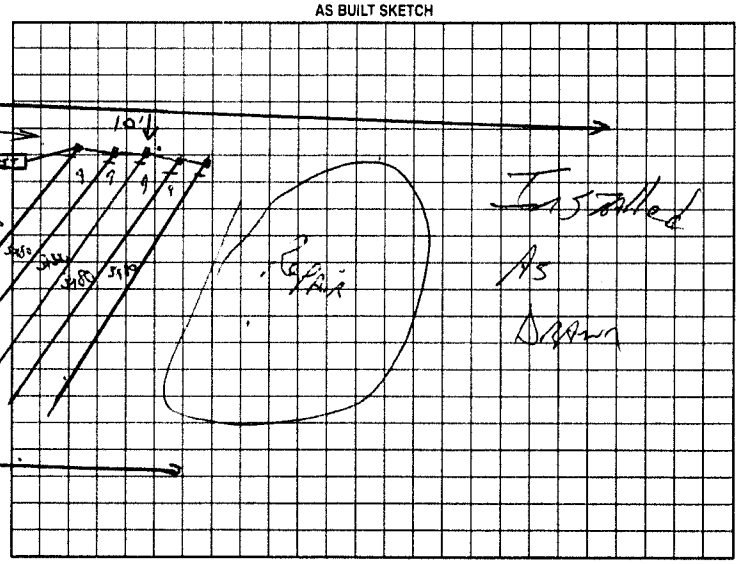
Comments/Conditions:

Scale 1" = 40'

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: Ron Sharon Sloan date _____

Improvement Permit by: J.C. Potter date 7-1999

Authorization to Construct by: J.C. Potter date 7-1999

Installed by: Scotty Greene

Operation Permit by: J.C. Potter date 8-10 99

Existing System Inspection by: _____ date _____

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