# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 95289 PIN# 3792 19 6550 PT DATE 12/19/00

OWNER OR CONTRACTOR Richard Charles PHONE: Business _____ Home 873-4074

ADDRESS 215 Celeste Estates Statesville NC 28677

LOCATION 70W, R Sharon School Rd, on Lt Before 277 Sharon School

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 1.5 AC. SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.5

Septic Tank: 1000 Gallons; STB 1012 Date 10-13-2000
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"

[X] New System [ ] Repair System Type: I (II) III IV V VI
System Description: Gravity Conventional
Repair System Description: Some
Maintenance Agreement Required: [ ] Yes [X] No
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

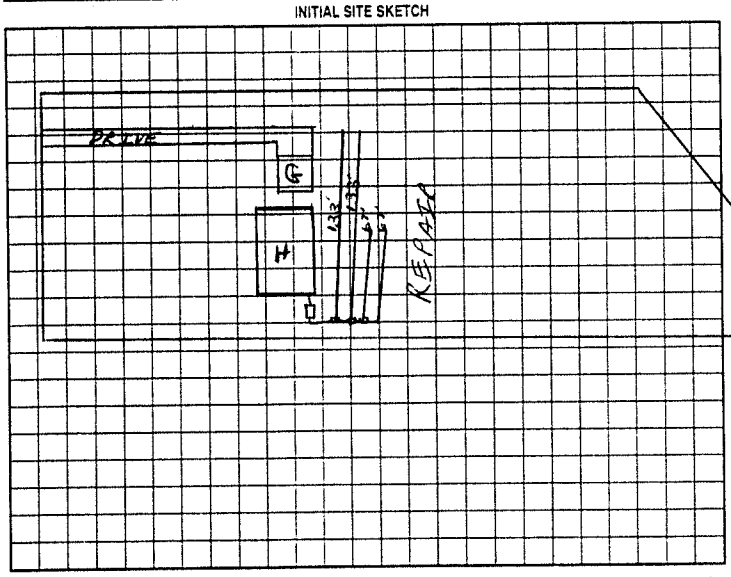
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2.5
[ ] Business No. Employees ____
[ ] Other _____

Water Supply: [ ] Individual [X] Public [ ] Community

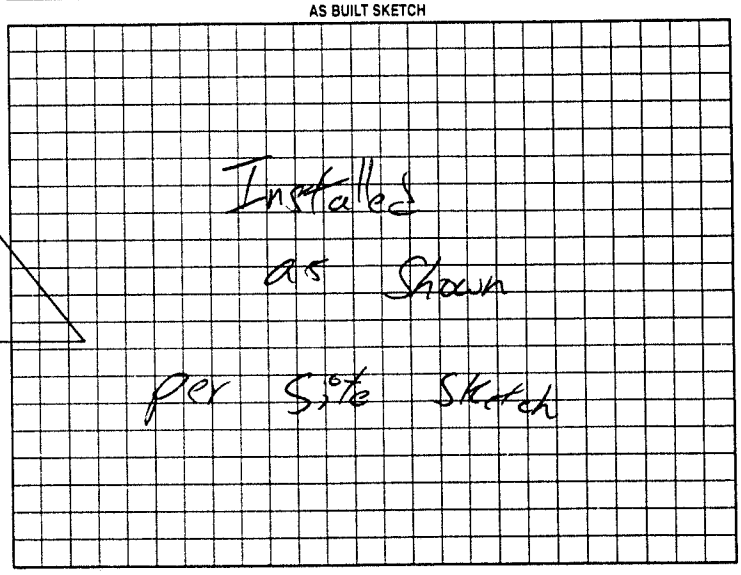
Comments/Conditions:

Comments/Conditions:
- Poly Lok Filter Installed
- Septic Tank Riser Installed

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: Richard M Charles date 12/19/00 Installed by: ~~Wayne Bolick Sr~~ Wayne Hawkins

Improvement Permit by: LSI date 12/19/00 Operation Permit by: William O. Johnson RSI date 6/2/01

Authorization to Construct by: RSI date 12/19/00 Existing System Inspection by: _____ date _____

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