IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 88640 PIN# 3792 24 2284 DATE April 19 2000

OWNER OR CONTRACTOR Jeffery Pierce PHONE: Business _____ Home 585 2625

ADDRESS 9202 Paul Payne/Stamey Rd

LOCATION Hwy 90 West on Left past Statesville Brick Rd next to 4261 N. Key Hwy

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1 to 1 Date 5 2 00

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"

☒ New System ☐ Repair System Type: I. II. III. IV. V. VI

System Description: GRAVITY Conventional

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 2 No. Bathrooms 2 No. Employees _____

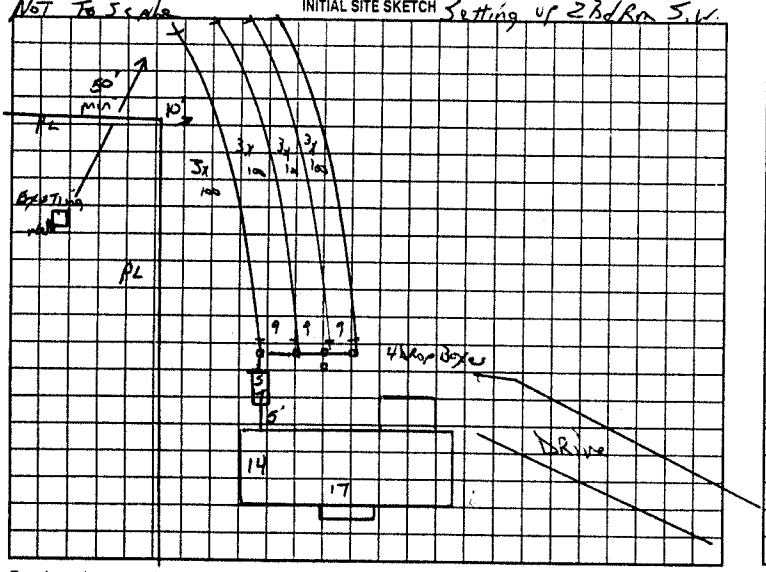
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: 301 Install on Contour.
Keep system MAX feasible distance from well. 50 ft min
May use Distribution box w/ speed levels

Comments:/Conditions. Tuf Flo Filter used

INITIAL SITE SKETCH Setting up 2 Bd Rm S.F.



AS BUILT SKETCH

System Installed As Designed

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: _____ date 4/19/00 Installed by: Shane Jarrett

Improvement Permit by: _____ date April 19 2000 Operation Permit by: _____ date June 9 2000

Authorization to Construct by: _____ date April 19 2000 Existing System Inspection by: _____ date _____

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