IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094782 PIN# 3792 66 1147 DATE 3/1/01

OWNER OR CONTRACTOR DWIGHT GUNTER PHONE: Business _____ Home (704) 881-0431

ADDRESS 3898 HICKORY HWY. STATESVILLE, NC 28677

LOCATION HWY 70 W. ON (L) B/F EUFOLA RD.

SUBDIVISION FOX BLOCK / SECTION _____ LOT 4 LOT AREA 1.08 Ac. SITE CLASS PS DESIGN FLOW 240GPD L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 160 Date 2-6-01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 266'
No Lines 4 Trench Width 3' Max Trench Bottom Depth 30" Gravel Depth _____

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: CONVENTIONAL
Repair System Description: PPBPS
Maintenance Agreement Required: ☐ Yes ☑ No

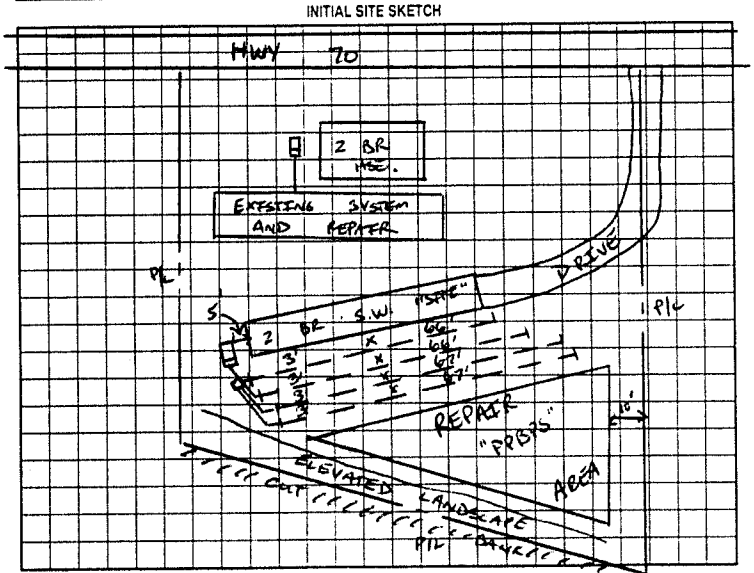
☐ House/Mod. Home No. Bedrooms 2
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

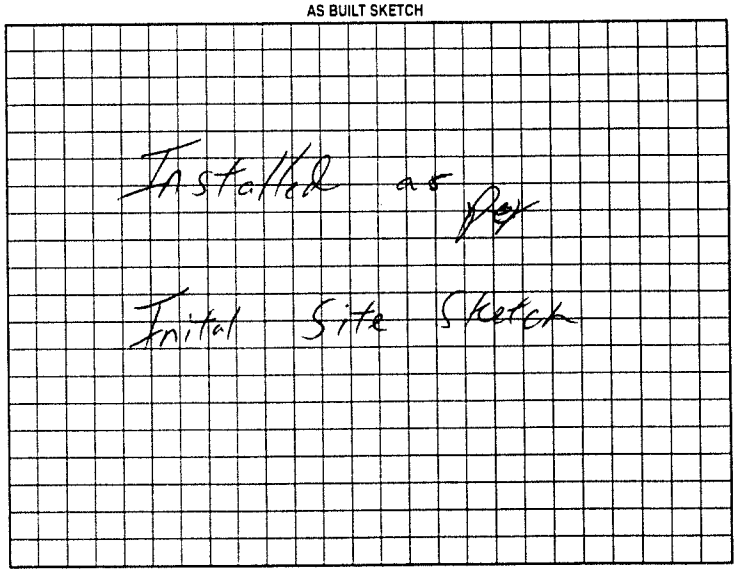
Comments/Conditions: (1) NO CUTTING OR FILLING OVER DRAINFIELD/REPAIR AREAS (2) KEEP ALL DRAINS AWAY FROM DRAINFIELD/REPAIR AREAS (3) MAINTAIN SETBACKS (4) INSTALL DRAINLINES UNIFORM AND ON CONTOUR.

Comments/Conditions: Zabel Filter Installed - Septic Tank Marker 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: Dwight Gunter date 3-2-01

Improvement Permit by: Susan Shinn date 3/1/01

Authorization to Construct by: Susan Shinn date 3/1/01

Installed by: Barry Sigmon / Sigmon Contracting Co. date _____

Operation Permit by: William O Johnson RS date 3/28/01

Existing System Inspection by: _____ date _____

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