IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 80339 PIN# 3793201319 DATE 4.9.99

OWNER OR CONTRACTOR MARTHA Stephens PHONE: Business 873 5910 Home

ADDRESS c/o 134 Oley Lane Statesville

LOCATION I40 W To Sharon School Rd ① 1 mile ② Oley Lane on Left

SUBDIVISION BLOCK / SECTION LOT LOT AREA 1.5Ac SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 7 7 99

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conv. Gravity

Repair System Description: 25% Reduction/Drop Box

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

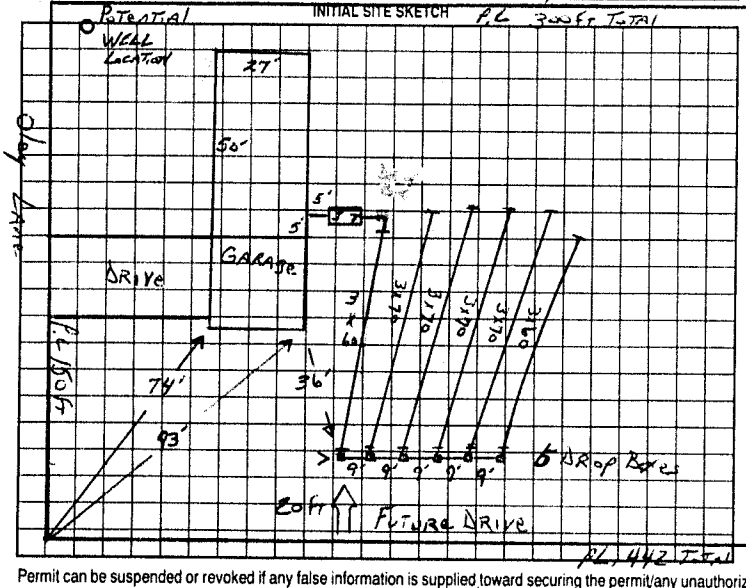
Comments/Conditions: Recommend getting County H_2O

Install Lines on contour

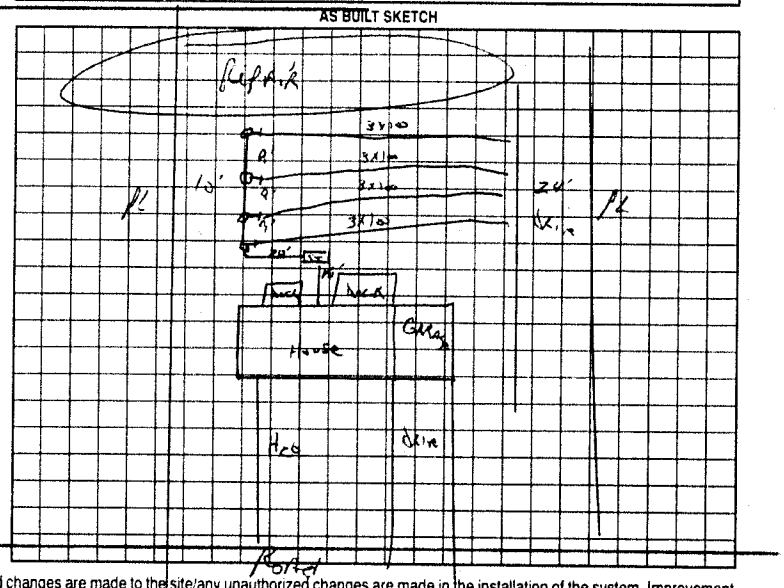
6 Drop Boxes, Maintain 20ft from property line min. with drop boxes due to future driveway

Comments/Conditions

INITIAL SITE SKETCH PL 300Ft Total



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: [signature] date 4/9/99 Installed by: WEJ Lyon

Improvement Permit by: Jc Potter date 4.9.99 Operation Permit by: Jc Potter date 9.9.99

Authorization to Construct by: Jc Potter date 4.9.99 Existing System Inspection by: date

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