IREDELL COUNTY HEALTH DEPARTMENT

This permit Voids Expired permit dated 3-25-98.

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

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

PERMIT# 072028 PIN# 3794-53-5692 3794-62-5692 DATE 6/18/03

OWNER OR CONTRACTOR Jerry W. Houston PHONE: Business _____ Home 873-7765

ADDRESS 1735 Island Ford Rd Statesville NC.

LOCATION I-40 west @ old mth Rd, @ Island Ford Rd on right before Pope Farm Rd

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.5 Acres SITE CLASS. FS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 4000 Gallons; STB 1007 Date 3-28-03

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: Gravity Conventional

Repair System Description: Pump, 25% Reduction

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

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

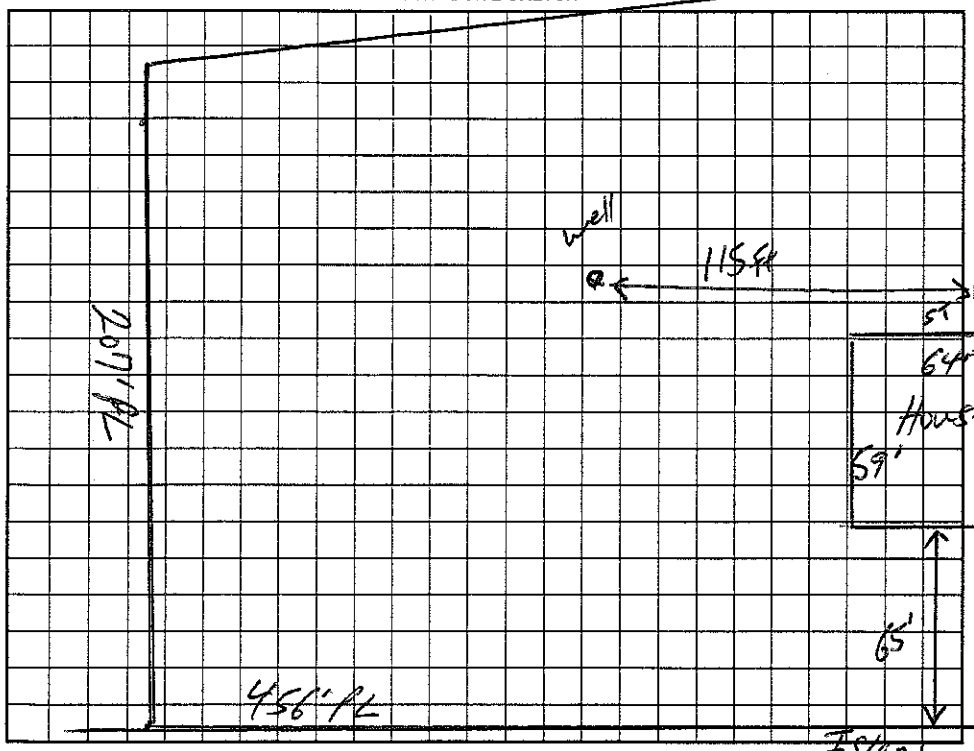
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

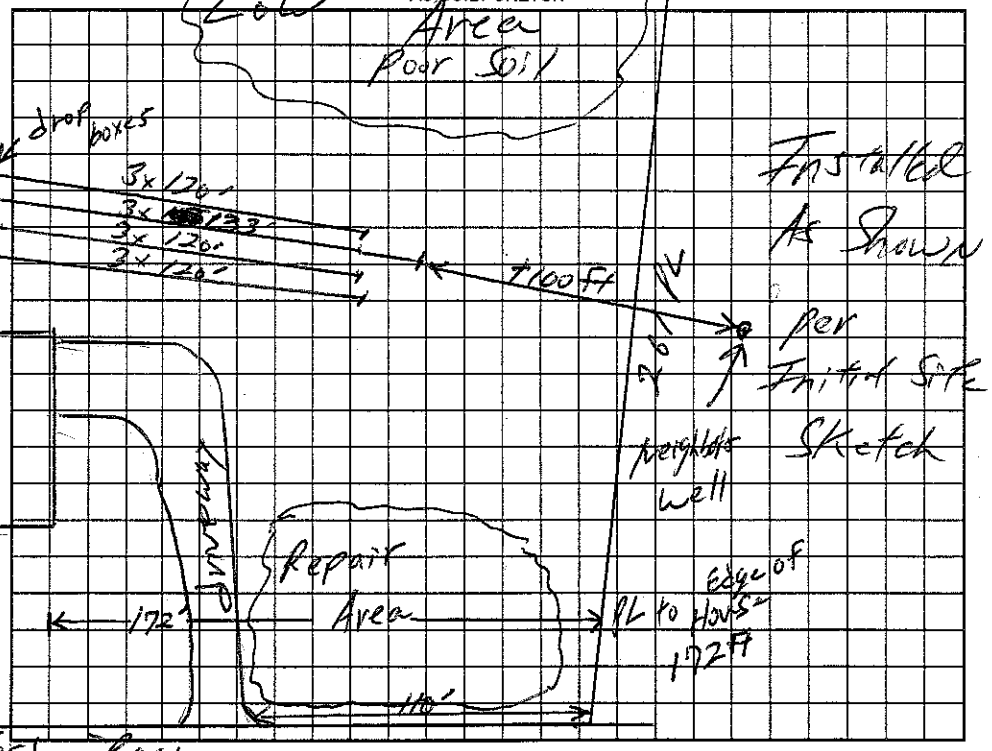
Comments:/Conditions: - poly lok filter Installed

-Keep drainage water + Gutter water off of septic lines.

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: [signature] date 06/23/03 Installed by: James Hadler (on 5/28/03)

Improvement Permit by: William O. Johnson date 6/17/03 Operation Permit by: William O. Johnson date 6/17/03

Authorization to Construct by: William O. Johnson date 6/17/03 Existing System Inspection by: _____ date _____

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