IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 105892 PIN# 3794-95-2697 DATE 5/7/02

OWNED OR CONTRACTOR Dorothy J. Holland PHONE Business — Home (704) 873-4424

ADDRESS 716 Georgia Ave Statesville N.C. 28625

LOCATION I-40W, ~~exit 146~~ ① Island Ford Rd ② Old Miller Rd, 6th House on right

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 10.25 Acres SITE CLASS 85 DESIGN FLOW 240 L.T.A.R. -30 gpd/ft²

Septic Tank: 1,000 Gallons; STB 312 Date 1-11-02

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 270

No Lines 3 @ 90' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

X New System ☐ Repair System Type: I (II) III IV V VI

System Description: Gravity, Conventional

Repair System Description: Gravity, Conventional

Maintenance Agreement Required: ☐ Yes X No

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

X House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees ____

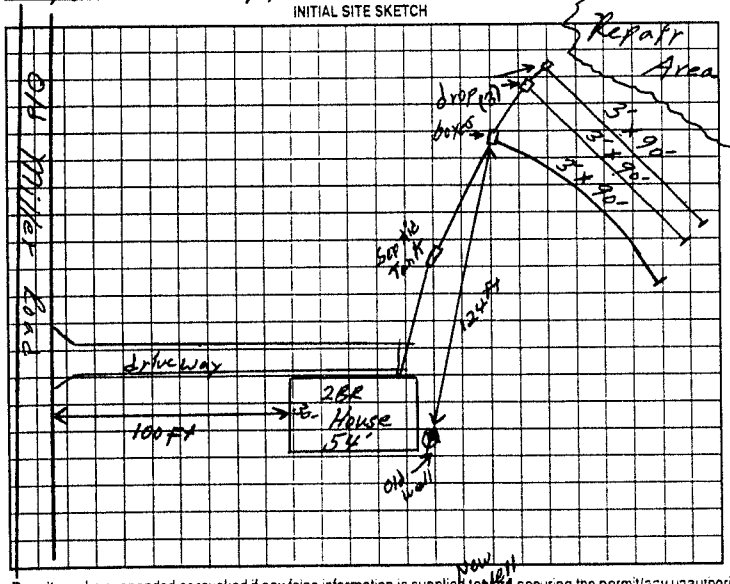
☐ Other ____

Water Supply: X Individual ☐ Public ☐ Community

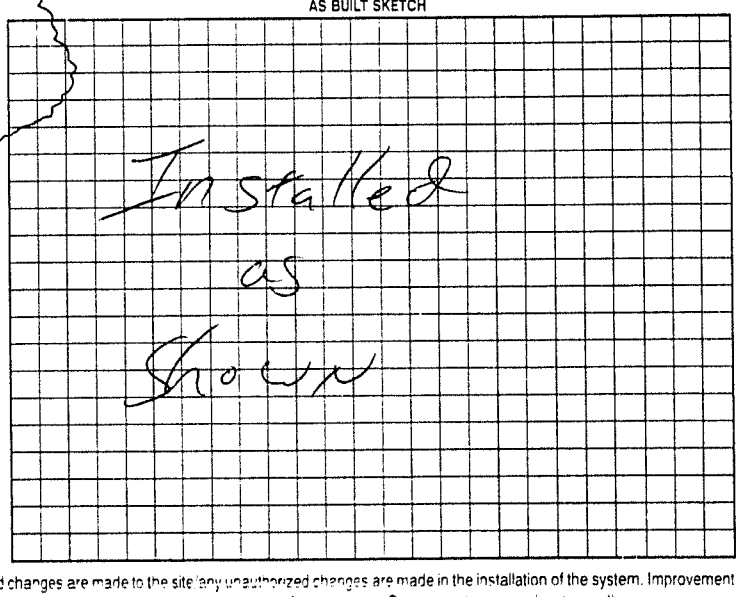
Comments/Conditions: ① Install lines on contour ② Keep Septic lines min. 100 Ft from well ③ ductile iron or equivalent pipe shall be used under driveway or minimum 30" of compacted cover over pipe.

Comments/Conditions: Zabel Filter Installed -ST Riser + marker Installed

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied in 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: X Dorothy J. Holland date 5/7/02 Installed by: K Sker E der

Improvement Permit by: William O. Johnson date 5/7/02 Operation Permit by: William O. Johnson date 5/24/02

Authorization to Construct by: William O. Johnson date 5/7/02 Existing System Inspection by: ____ date ____

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