IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 158362 PIN # 4629-77-1991 DATE 9-24-09

OWNER or APPLICANT Mark Queen PHONE: Business Home: 701-663-4535

OWNER or APPLICANT ADDRESS 166 Seekirk Dr. Statesville 28164

LOCATION / DIRECTIONS State Park Rd Monbar Farm Rd Seekirk

SUBDIVISION BLOCK / SECTION LOT # LOT AREA 1.81 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank EXCEL Gallons: STB 794 Date 2/05/03
Pump Tank EXCEL Gallons: PT 27 Date 2/08/03
Pump Make Myers Model MES50 Serial # 3494SP
Nitrification Field No Fields 1 No Lines 4 Linear Feet 208
Trench Width 24" Max. Trench Bottom Depth 36.9 Gravel Depth N/K

☒ New System ☐ Repair ☐ Expansion System Type I II III IV V VI
System Description: 50% Low Pressure
Repair System Description: 50% Low Pressure
Maintenance Agreement Required ☒ YES ☐ NO
☐ GRAVITY ☒ PRESSURE

☐ Residence No. Bedrooms 3
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☒ Crawl Space N/H
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

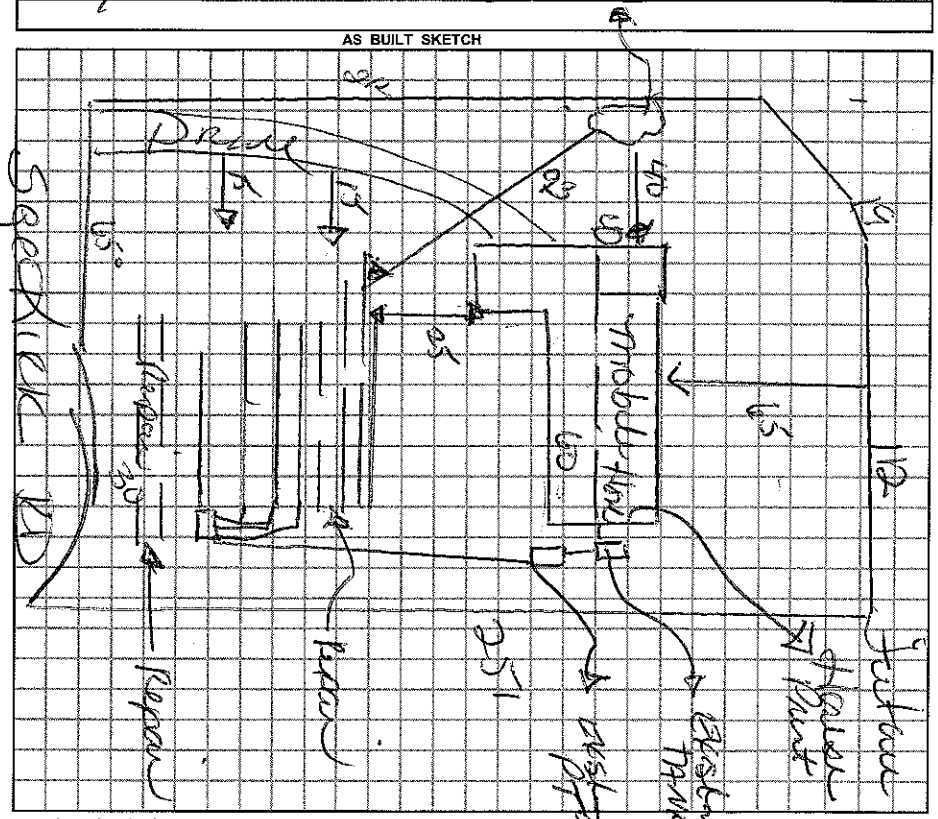
Comments / Conditions: M/H Switch out - Later Home Built

Comments / Conditions: Maintain all Setbacks

INITIAL SITE SKETCH

Requested Site Approval Contract for Septic type II Well Permit Nearest Lot Sewer

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 w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☒ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: _____ Date _____

Improvement Permit by: _____ Date _____

Authorization to Construct by: _____ Date _____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: Tim Ammons 5-21-03

Operation Permit by: _____ Date: _____

Existing System Inspected by: Kenny Cook Date: 9-24-09

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant