4:15

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 074613 PIN# 4649388731 4649 388714 DATE 10/7/98

OWNER OR CONTRACTOR Daniel Long PHONE: Business 811-0990 Home 872-8449

ADDRESS 348 Wilson St Statesville NC 28677

LOCATION Hwy 21/115 TL Flower House Loop TL Cayle Rd property on Rt ≈ 9/10 Mile on Right

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA .34 - .5 Acre SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. 3+

Septic Tank: 1000 Gallons; STB 1012 Date 7-17-99
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 400' Linear Feet 200'
No Lines 5 Trench Width 24" Max Trench Bottom Depth 30"

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Gravity - Panel Block
Repair System Description: Pressure - Panel Block
Maintenance Agreement Required: ☐ Yes ☒ No Initial
Gravel Depth N/A ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

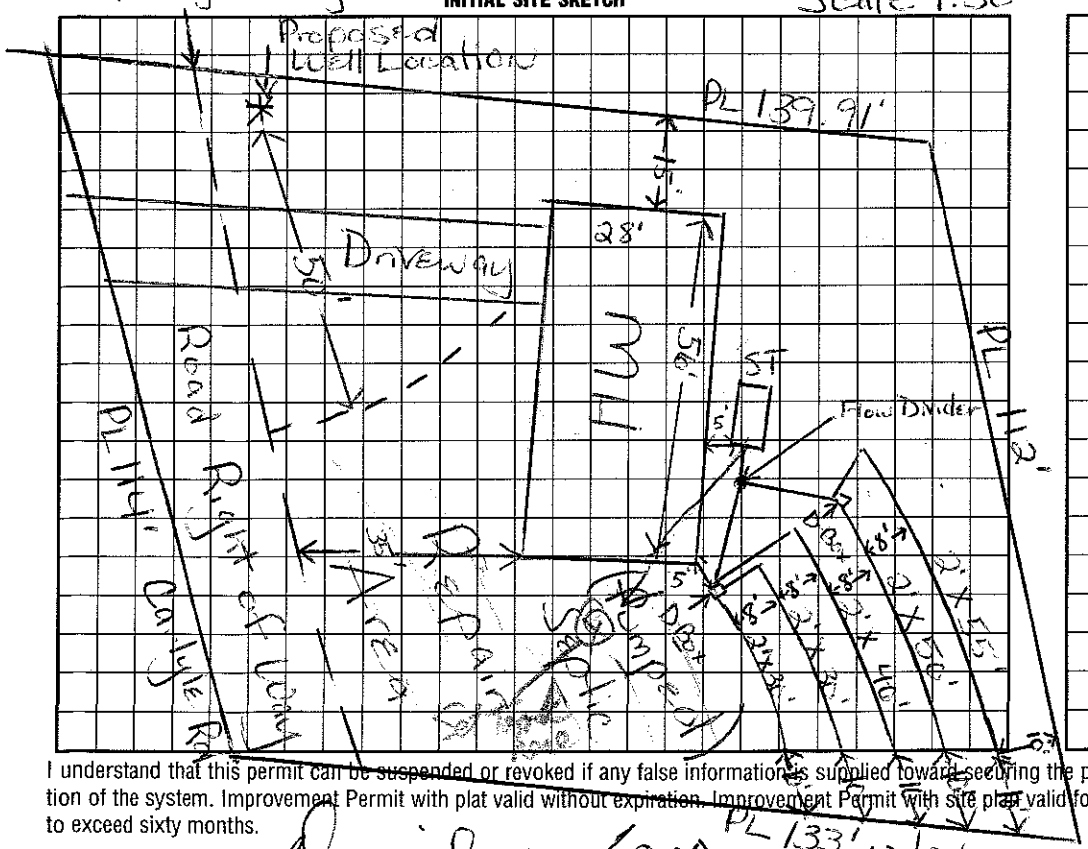
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Keep Septic System at least 5' from House, 10' from PL & 50' from Well. House needs to be 35' from Road Right-of-Way. Drainline trenches are 8ft on Center

Comments/Conditions: ~~X~~ Very Tight lot - must be very careful with setbacks.

Filter & riser in tank

INITIAL SITE SKETCH Scale 1:30



AS BUILT SKETCH

Installed in 4 lines w/ Drop Boxes

I understand that this 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: Daniel W Long date 10/8/98

Improvement Permit by: Maria H. Watson date 10/7/98

Authorization to Construct by: Maria H. Watson date 10/7/98

Installed by: A-1 Back Hoe

Operation Permit by: Maria H. Watson R.S. date 11/12/99

Existing System Inspection by: ____ date ____

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