# IREDELL COUNTY HEALTH DEPARTMENT

ST[illegible]VILLE 704-878-5305 MOORESVILLE 704-664-5281

$150 $130

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

PERMIT# 104113 PIN# ~~4649-75-0566.14~~ 4649-65-5265 DATE Aug 16, 02

OWNER OR CONTRACTOR Venica Harris // Fleetwood Homes PHONE: Business _____ Home _____

ADDRESS 1270 Northside Dr Statesville N.C. 28625

LOCATION 115-21N TL Flower House Loop TL Rankin Hall Rd. TR Ty-Lin Way on Right 480

SUBDIVISION Magic Forest BLOCK / SECTION 3 LOT 14 LOT AREA .66Ac SITE CLASS. PS DESIGN FLOW ~~360~~ 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 534/801 Linear Feet 267

No Lines 4+4 Trench Width 24" MIN 30" MAX 8'6" 9'6" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: Gravity PPBPS (50% Reduction)

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ Yes ☑ No Initially

☐ House/Mod. Home ☑ Mobile Home DW No. Bedrooms 4

No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

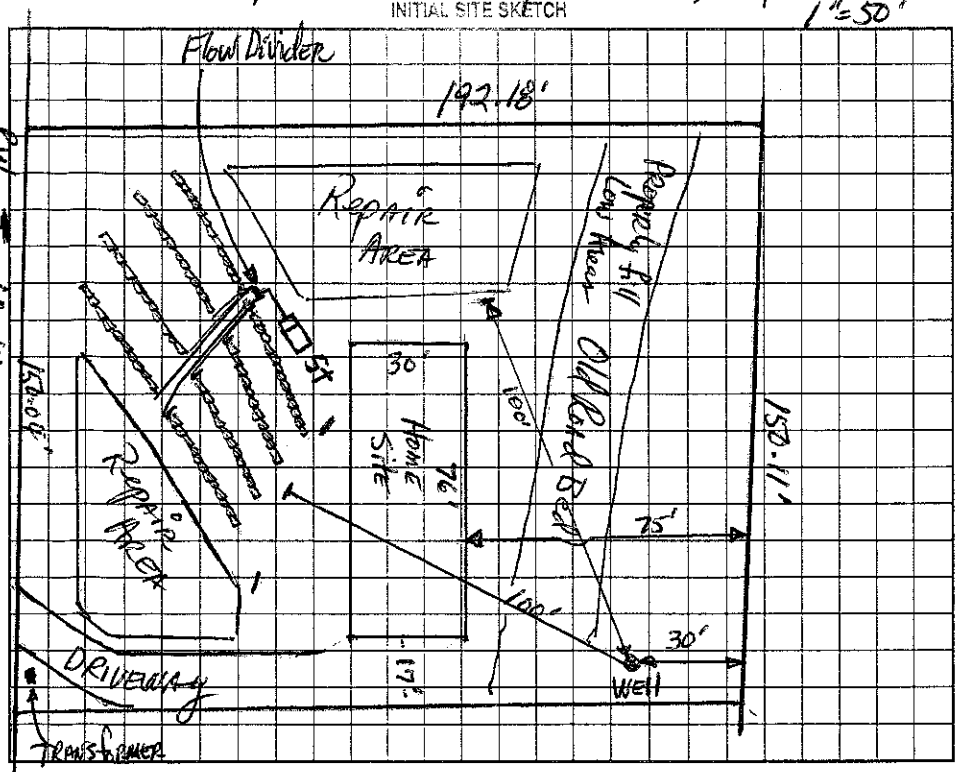
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: Do not cut home site! Use high crawl space and backfill against foundation as needed. Use Flow Divider to 2 D-Boxes with levelers for Distribution system. Use 62 panels total; 31 per subfield

Comments:/Conditions:

INITIAL SITE SKETCH 1"=50'




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: _____ date _____

Improvement Permit by: Mark Hanson, RS date 8-16-02

Authorization to Construct by: Mark Hanson, RS date 8-16-02

Installed by: Craig Thompson

Operation Permit by: _____ RS date 9/3/02

Existing System Inspection by: _____ date _____

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