IREDELL COUNTY HEALTH DEPARTMENT

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

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

175.00 Paid Start 4:00

PERMIT# 094251 PIN# 4659 13 7463 Pt. / 4659139894 DATE 3/6/01

OWNER OR CONTRACTOR Thelma C. Hall PHONE: Business _____ Home 528-7120

ADDRESS 1802 Younger Ave. Statesville, NC. 28677

LOCATION 115-21 N TL Parkertown Rd, 2ND drive past Forgotten Lane on (L)

SUBDIVISION Thomas Clark Est. BLOCK / SECTION _____ LOT 4 LOT AREA .59 Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 1-8-2001
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4@75' Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth SAND.

☒ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: GRAV - 25% Reduced *
Repair System Description: GRAV - 50% Reduced
Maintenance Agreement Required: ☐ Yes ☒ No

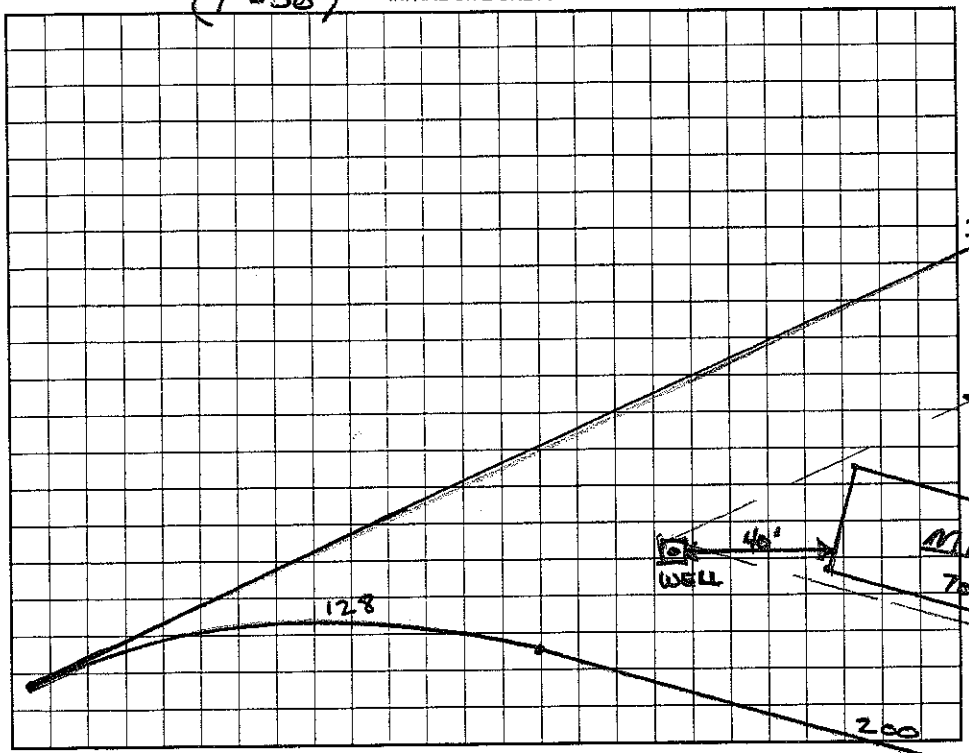
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

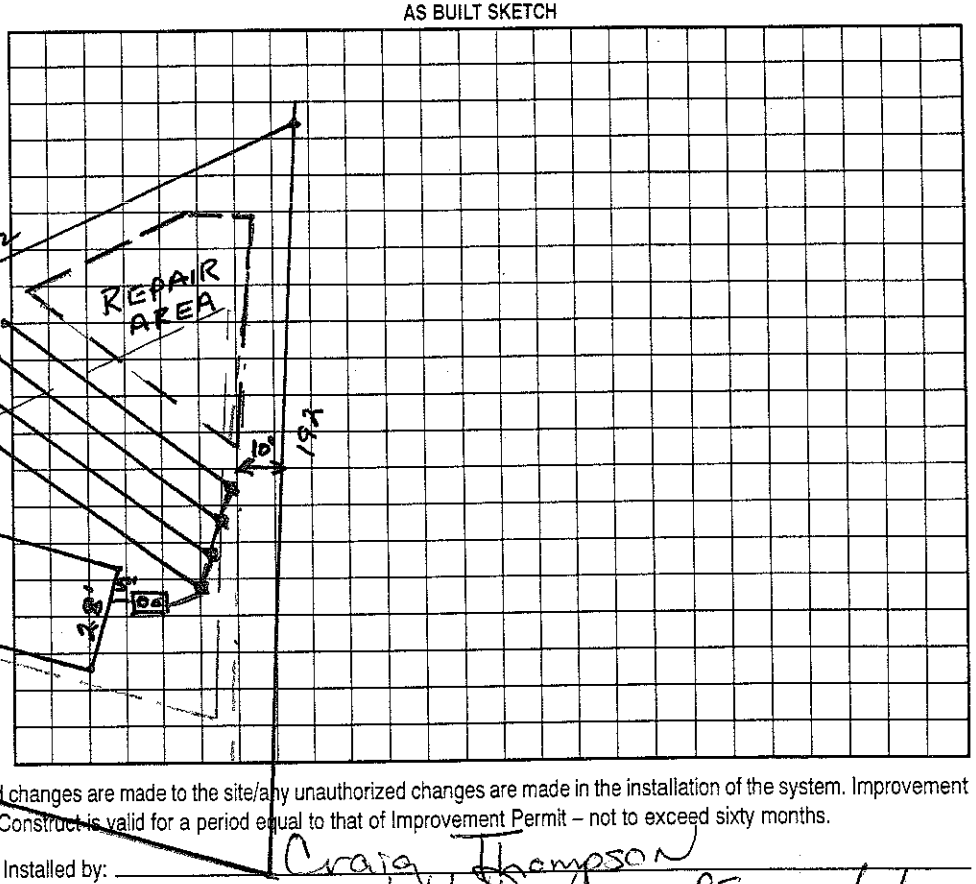
Comments:/Conditions: * Use 25% Reduction Drainfield Material

Comments:/Conditions: Plastic Chamber Installed Installed as Drawn

(1"=50') 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: * Renee M. Potts date 3-7-01 Installed by: Craig Thompson

Improvement Permit by: Wesley Sparks RS. date 3/6/01 Operation Permit by: Marian H. Watson RS date 3/9/2001

Authorization to Construct by: Wesley Sparks RS. date 3/6/01 Existing System Inspection by: _____ date _____

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