IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118668 PIN# 4701-68-4797 DATE 3-15-04

OWNER OR CONTRACTOR ANGELA SISK PHONE: Business 704-873-9622 ext 213 Home 704-871-8987

ADDRESS 169 DUCHAMP LANE STATESVILLE, NC 28677

LOCATION 40 WEST, (L) DMR (R) EAST L. FERRY, ACROSS EDFOLA TO WEST L. FERRY (R) DUCHAMP, UP HILL ON LEFT

SUBDIVISION ______ BLOCK / SECTION ______ LOT ______ LOT AREA 2.31 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012 Date 12-5-04
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields 1 Square Feet 1440' Linear Feet 360'
No Lines 4X90' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: GRAV 25% REDUCT
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

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

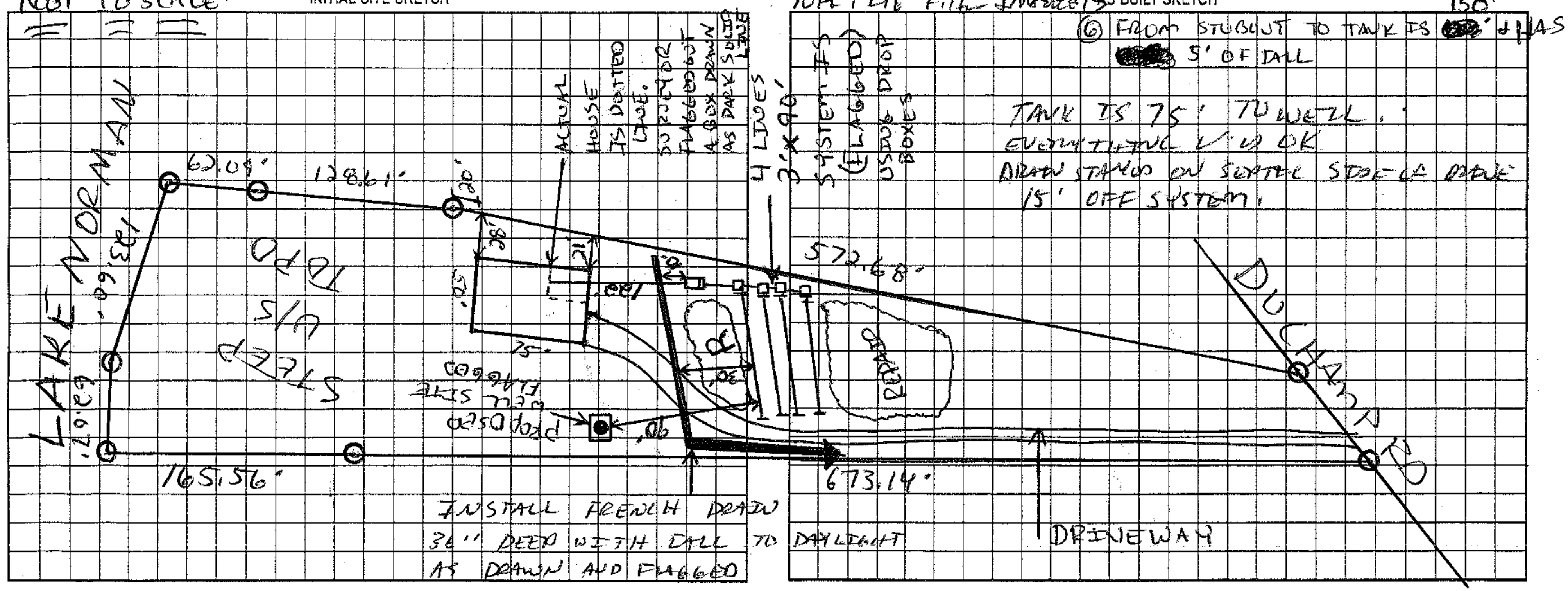
Water Supply:
☒ Individual
☐ Public
☐ Community

Comments:/Conditions: (1) CALL PRIOR TO INSTALLATION FOR CONSULTATIVE VISIT (2) USE SOLID PIPE, SUCH AS DUCTILE IRON, UNDER THE DRIVE FOR THE FRENCH DRAIN, (3) KEEP STUBOUT FOR HOUSE HIGH ENOUGH

Comments:/Conditions: TO MAINTAIN PROPER FALL TO THE SEPTIC TANK, (4) BASEMENT PLUMBING WILL REQUIRE USE OF AN IN HOUSE PUMP TO LIFT "BASEMENT ONLY" EFFLUENT TO MAIN LEVEL PLUMBING & THEN EXIT. (5) MAINTAIN SETBACKS

"NOT TO SCALE" INITIAL SITE SKETCH

TUFF TITE FILL [illegible] 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: Angela Livingston / Sisk date 3-25-04 Installed by: Steve Jordan

Improvement Permit by: [signature] RS date 3-15-04 Operation Permit by: [signature] date 2-17-05

Authorization to Construct by: [signature] RS date 3-15-04 Existing System Inspection by: ______ date ______

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