IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 89364 PIN# 4702517821 PT DATE 5/23/00

OWNER OR CONTRACTOR LOY DEVINE PHONE: Business ____ Home 528-5819

ADDRESS 170 OUCHAMP LN STATESVILLE NC 28677

LOCATION 40W - TL OLD MT. RD - TR LEWIS FERRY - TR OUCHAMP AT END

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA 2.68 AC SITE CLASS PS DESIGN FLOW 240 GPD L.T.A.R. 3,600 ft²

Septic Tank: 1000 Gallons; STB 1012 Date 9-28-00
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3@100' Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I (II) III IV V VI
System Description: GRAVITY CONVENTIONAL
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 1
☐ Business No. Employees ____
☐ Other ____

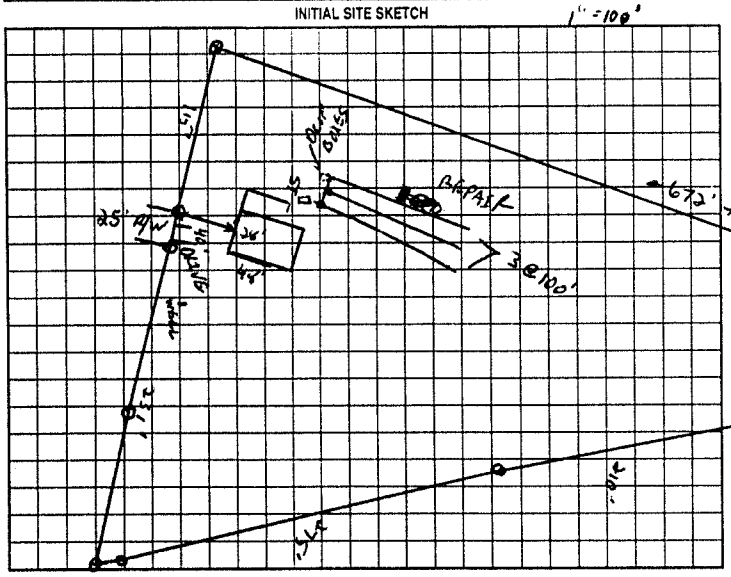
Gravel Depth 12" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

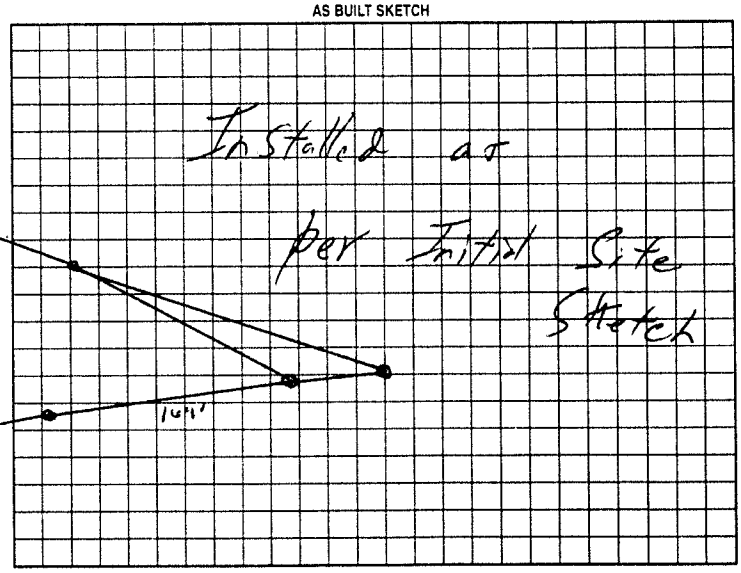
Comments:/Conditions:

Comments:/Conditions:
- Poly Tate Filter Installed
- Septic Tank Riser Installed

INITIAL SITE SKETCH 1" = 100'



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: Loy Devine date 5/23/00 Installed by: Forrest Shuford

Improvement Permit by: C. Hall RS date 5/23/00 Operation Permit by: William O. Johnson RSI date 4/12/01

Authorization to Construct by: C. Hall RS date 5/23/00 Existing System Inspection by: ____ date ____

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