Trevor

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 84364 PIN# 4702517821 FT DATE 5/23/00

OWNER OR CONTRACTOR Loy Deming PHONE: Business ____ Home 528-5819

ADDRESS 170 Duckamp Ln Statesville NC 28677

LOCATION 40W - TL Old Mt Rd - TR Lewis Ferry - TR Duckamp at end

SUBDIVISION - BLOCK / SECTION - LOT - LOT AREA 2.68 AC SITE CLASS PS DESIGN FLOW 240 GPD LTAR .3 gpd/ft²

Septic Tank: 1000 Gallons STR 1012 Date 9-28-00
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 300 Linear Feet 300
No Lines 3@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

New System / Repair System Type I(a) II III IV V VI
System Description: Gravity Conventional
Repair System Description: Same
Maintenance Agreement Required: Yes / No
Slab / Crawl Space / Basement w/plumbing / Basement wo/plumbing

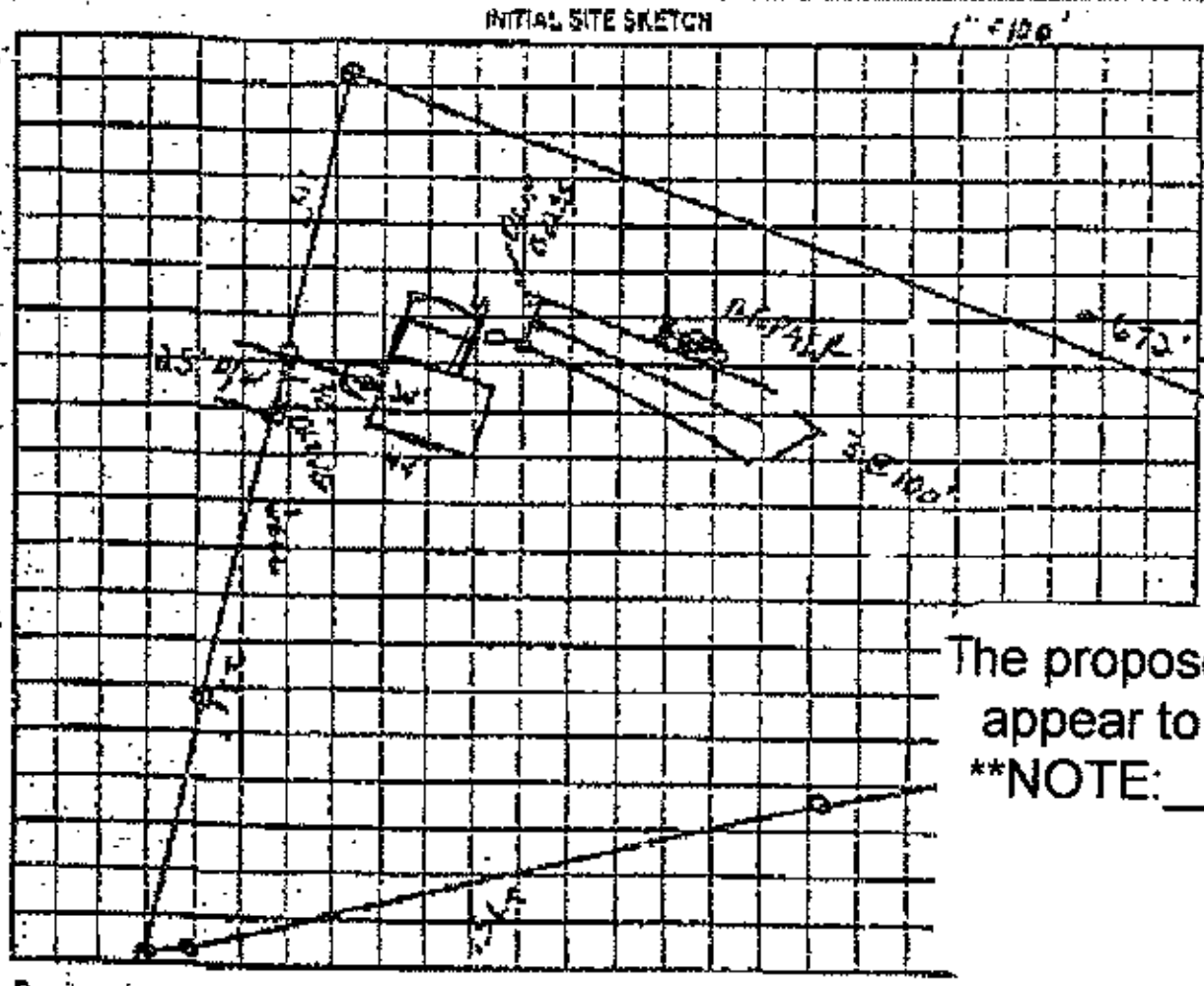
House/Mod Home No Bedrooms 2
Mobile Home No Bathrooms 1
Business No Employees ____
Other ____

Water Supply: Individual / Public / Community

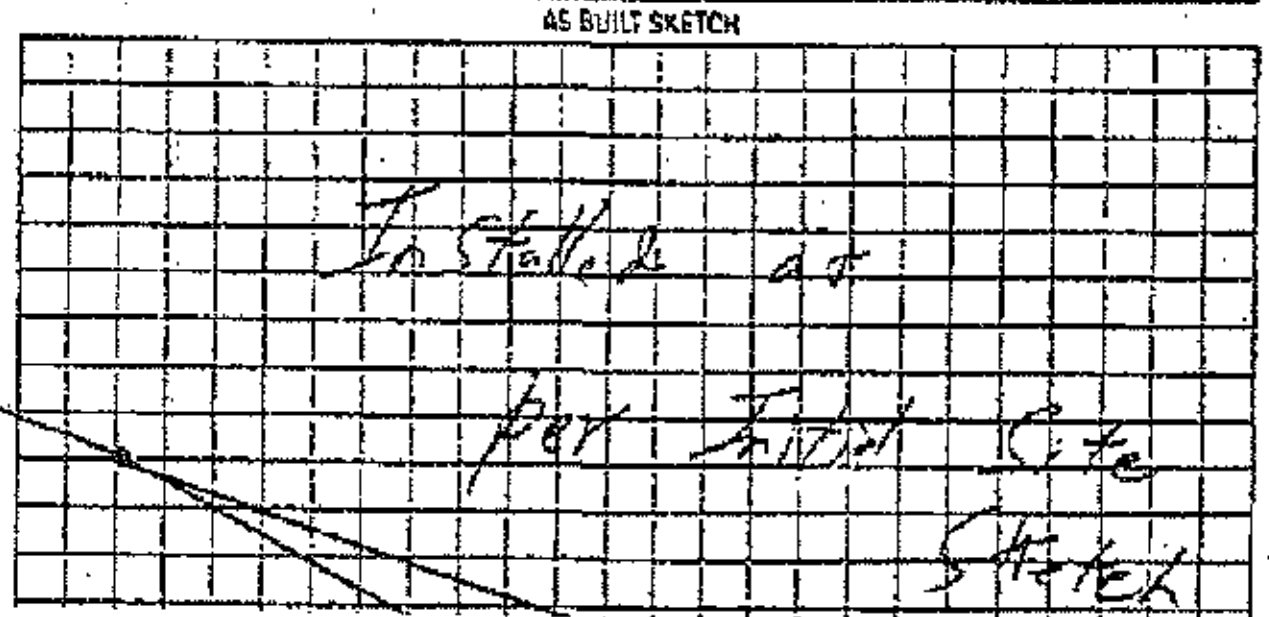
Comments/Conditions:

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

INITIAL SITE SKETCH



AS BUILT SKETCH



The proposed addition addition does not appear to impact the existing septic system.
**NOTE: ____
Kelly Cool R.S.
Date: June 22, 09
ICHD-Environmental Health Division

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 Deming date 5/23/00 Installed by: Forrest Shuford

Improvement Permit by: C. ____ FS date 5/23/00 Operation Permit by: William C. Johnson RSI date 4/12/01

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

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

JAN. 1, 1989 0:04