IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13039 1 PIN# ~~4701779601~~ 4701779601 DATE 8/16/05

OWNER OR CONTRACTOR Bobby Pope PHONE: Business _____ Home 704-528-9753

ADDRESS 200 Canal Dr Statesville NC 28677

LOCATION I-40 - Exit 50 (TL) Lewis Ferry (RD) Cross Eufola - attend (TR) Canal Drive

SUBDIVISION David S. Clarke BLOCK / SECTION _____ LOT 1 LOT AREA _____ SITE CLASS 35 DESIGN FLOW 360 L.T.A.R. 35

Septic Tank: 1000 Gallons; STB 358 Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 315

No Lines 5 Trench Width 36 Max Trench Bottom Depth 18 Gravel Depth NA

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

System Description: Conv + 25% to gravity

Repair System Description: ~~Conv~~ to 50%

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☒ Other Garage apt

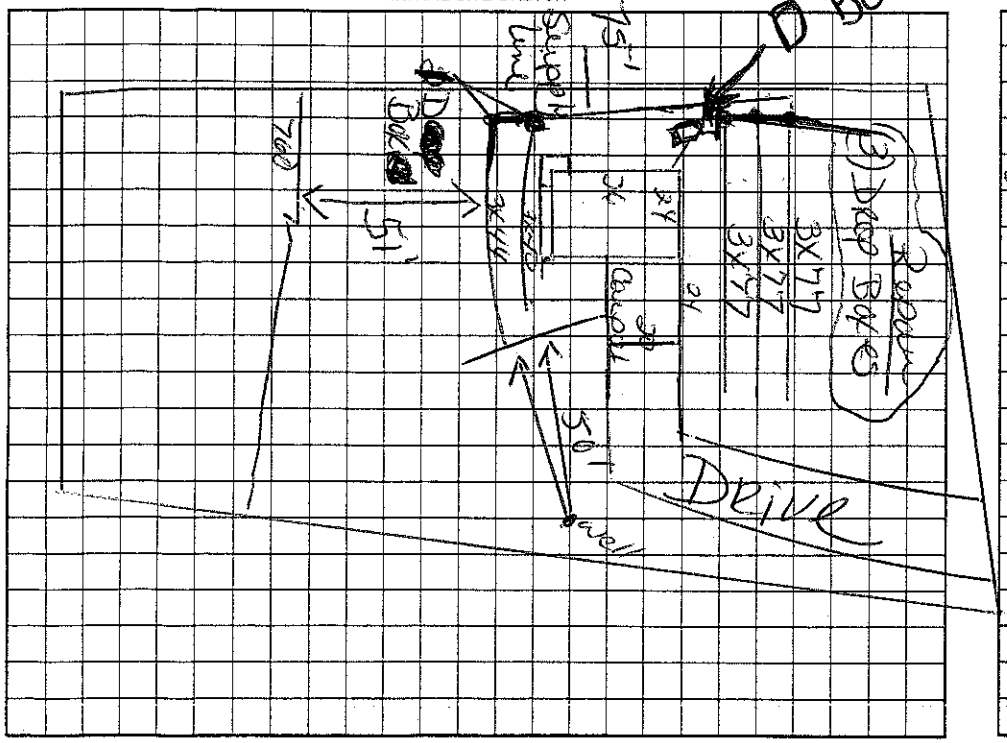
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Uniform System Gravity Conventional additional line in front yard 25% reduction due to additional BDRM and space spare

Comments:/Conditions: Install on contour Maintain 50' from Well Maintain 50' from Well

INITIAL SITE SKETCH



AS BUILT SKETCH

Tied New system last Distribution box on initial System New system feeds off of initial Septemic Distribution Box. Distribution box at new line.

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 8/17/05 Installed by: A-1 Backhoe

Improvement Permit by: Kenneth Cook date 8-17-05 Operation Permit by: Kenneth Cook date 8-25-05

Authorization to Construct by: Kenneth Cook date 8-17-05 Existing System Inspection by: _____ date _____

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