IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 095395 PIN# 4702 29 6306 DATE 4/6/01

OWNER OR CONTRACTOR JENKINS AND WILLIAMS PHONE: Business (704) 872-0922 Home

ADDRESS P.O. BOX 5877, STATESVILLE, NC 28687

LOCATION OLD MTN. RD. (R) LEWIS FERRY RD. (R) EUFOLA RD., (R) BROAD MEADOW

SUBDIVISION BROAD MEADOW BLOCK / SECTION LOT 28 LOT AREA .57 Ac. SITE CLASS. PS DESIGN FLOW 360 GPD. L.T.A.R. .35

Septic Tank: 1000 Gallons: STB 1012 Date 11-20-01
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1022 Linear Feet 342'
No Lines 5 Trench Width 3' Max Trench Bottom Depth 30" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III. IV. V. VI
System Description: CONVENTIONAL
Repair System Description: 25% REDUCTION
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

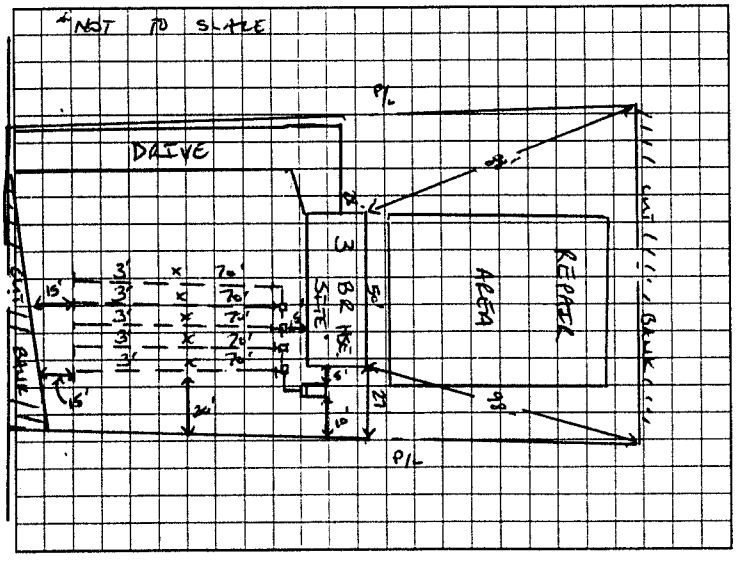
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

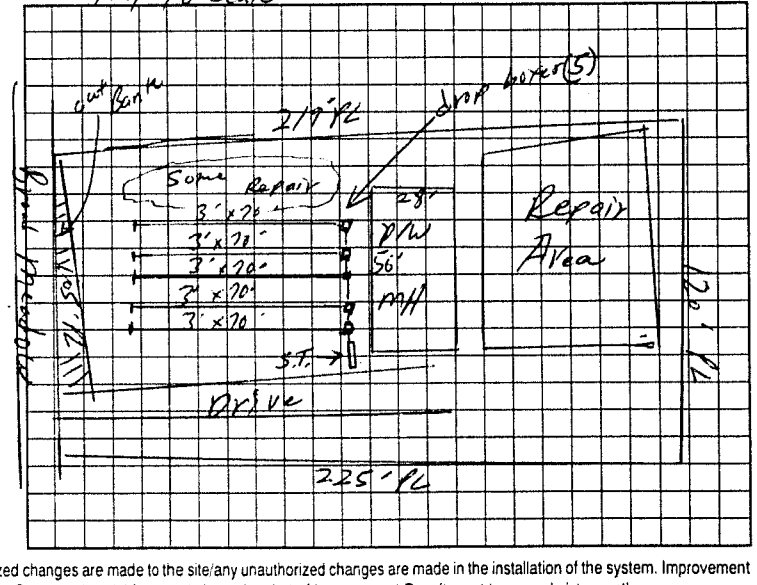
Comments/Conditions: ① NO CUTTING OR FILLING OVER DRAINFIELD/REPAIR AREAS ② KEEP ALL DOWNS AWAY FROM DRAINFIELD/REPAIR AREAS ③ MAINTAIN NOTED SETBACKS ④ INSTALL DITTINLINES UNIFORM AND ON CONTOUR.

Comments/Conditions: - poly lok Filter Installed - S.T. marker Installed

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: [signature] date 4/9/01 Installed by: Tommy Cabrera

Improvement Permit by: [signature] date 4-6-01 Operation Permit by: [signature] date 4/11/02

Authorization to Construct by: [signature] date 4/6/01 Existing System Inspection by: date

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