IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094628 PIN# 4702 45 8616 DATE 2/27/01

OWNER OR CONTRACTOR TONY SUMMERS PHONE: Business _____ Home (704) 881-0335

ADDRESS 2019 CLINE ST. STATESVILLE, NC 28677

LOCATION 70 W. (L) OLD MTN. RD. (R) LEWIS FERRY RD, (R) EUFOLA TO LEWIS FERRY (R) LONG ISLAND RD ON (R)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 7.63 Ac. SITE CLASS PS DESIGN FLOW 360 GPD L.T.A.R. .30

Septic Tank: 1000 Gallons: STB 9-17-01 Date 1001

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 1000 Linear Feet 400'

No Lines 3 Trench Width 3' Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: CONVENTIONAL

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 2

☐ Business No. Employees _____

☐ Other _____

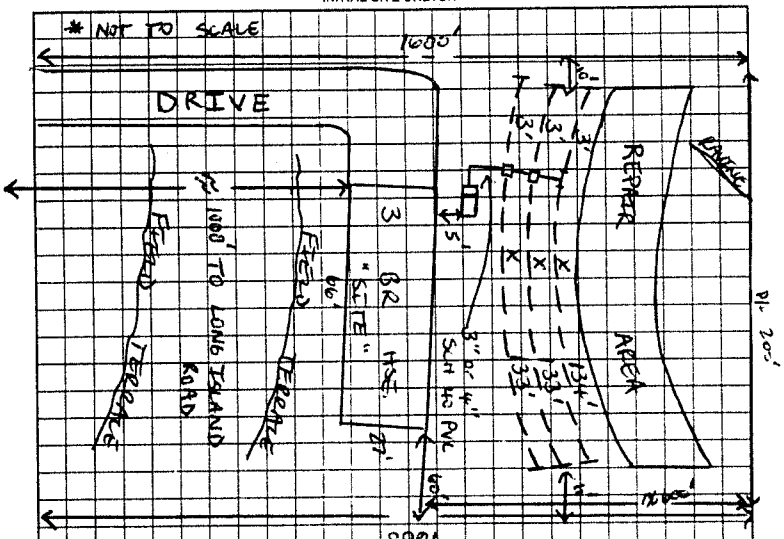
Water Supply: ☒ Individual ☐ Public ☐ Community

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

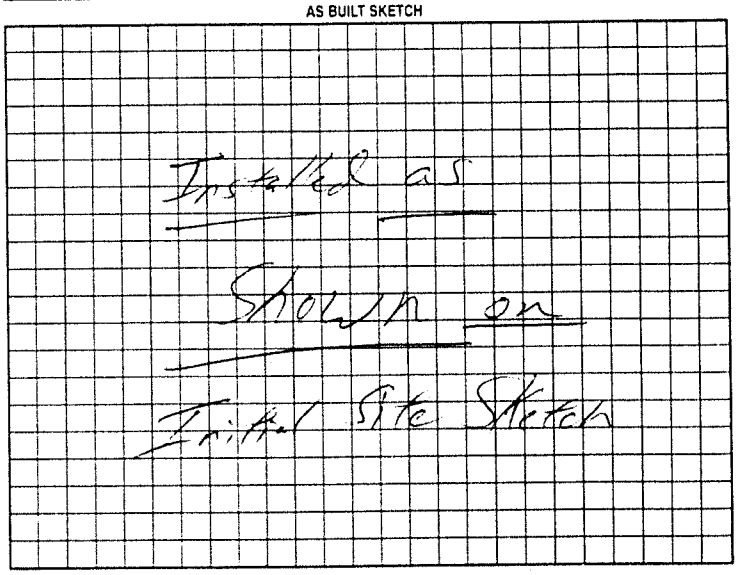
Comments/Conditions:

- Poly Vlt Filter Installed
- Septic Tank Marker Front Yard

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: _____ date 3-1-01 Installed by: Travis Enterprises, Inc.

Improvement Permit by: _____ date 2/27/01 Operation Permit by: _____ date 10/31/01

Authorization to Construct by: _____ date 2/27/01 Existing System Inspection by: _____ date _____

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