4pm Levi Mocca

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 96529 PIN# 4702 58 9914 PT DATE July 13 2000

OWNER OR CONTRACTOR Pearl Gibbs PHONE: Business _____ Home 8723220

ADDRESS 169 Lewis Ferry Rd STATESVILLE

LOCATION Old MT Rd South (R) Lewis Ferry property on Right past Shiloh Baptist Church + Across from Barfield

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.33 Ac SITE CLASS PS DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 5 7 00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 300
No Lines 6 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I (II) III IV V VI
System Description: Brality Conventional
Repair System Description: Same / Pump possible
Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 2
☒ Mobile Home SW No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

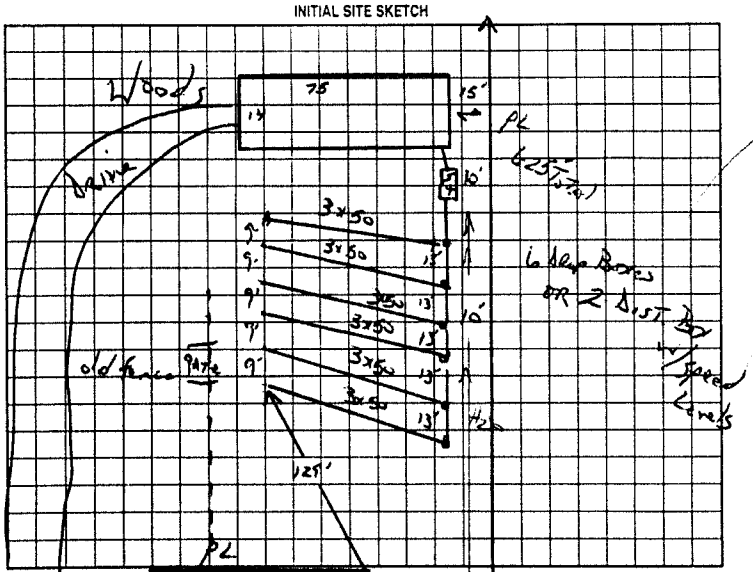
Water Supply: ☐ Individual ☒ Public ☐ Community

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

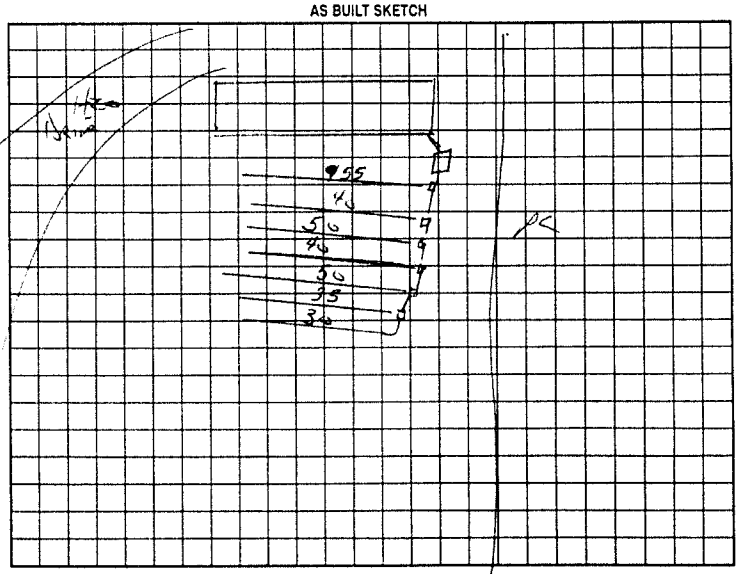
Comments/Conditions: Install on contour
N.T. To Scale

Comments/Conditions:

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: Pearl Gibbs date 7-13-2000 Installed by: Grizzly Septic & Grading

Improvement Permit by: [illegible] date July 18 2000 Operation Permit by: [illegible] date July 27 2000

Authorization to Construct by: [illegible] date July 18 2000 Existing System Inspection by: _____ date _____

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