IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 82151 PIN# 4702653706 DATE July 6, 99

OWNER OR CONTRACTOR Duane Mayfield PHONE: Business _____ Home 8731481

ADDRESS 759 Lewis Ferry Rd Statesville, NC

LOCATION Old #7 Rd South (R) Lewis Ferry Cross Cupola Rd Tow Lewis Ferry Lot is on Left Across From Tatum Mailbox

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.52 Ac SITE CLASS. A DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 5 21 99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: 25% Reduction Gravity

Repair System Description: 25 50% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

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

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home 3 x 1 No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

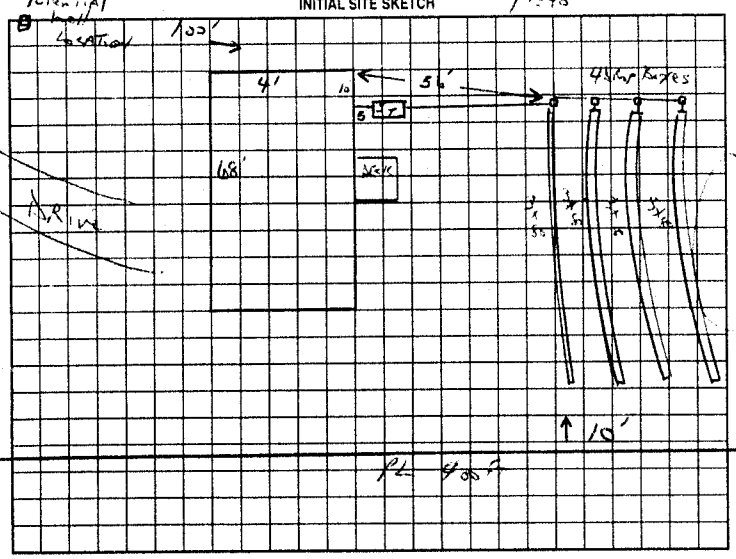
Comments/Conditions: 50 Chambers or 30 HS Systems

Install Lines on contour PL 651' Total

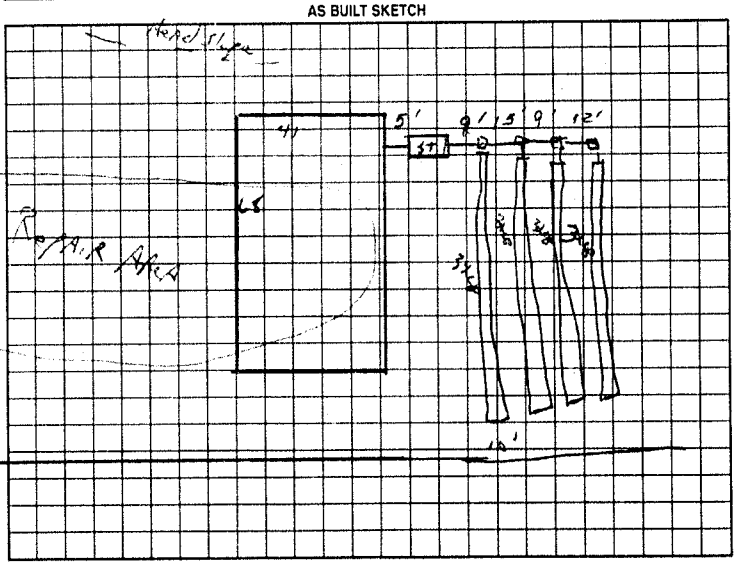
Keep well 100ft From Septic System

Comments/Conditions:

INITIAL SITE SKETCH 1"=40'



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 7-7-99

Improvement Permit by: _____ date 7-6-99

Authorization to Construct by: _____ date 7-6-99

Installed by: Al Balkcom

Operation Permit by: _____ date 7-23-99

Existing System Inspection by: _____ date _____

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