IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 81070 PIN# 4702589914 DATE May 18, 99

OWNER OR CONTRACTOR PEARL Gibbs PHONE: Business _____ Home 704 872 6909

ADDRESS 520 Eufola Rd Statesville NC

LOCATION Old MT Rd (R) E Lewis Ferry Past Church on Right by Mail Box 638 before Eufola Rd

SUBDIVISION _____ BLOCK / SECTION _____ LOT 4 LOT AREA 6.95 AC SITE CLASS 2.5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date 4 3 99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@1m Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conv. GRAVITY

Repair System Description: Pump / GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

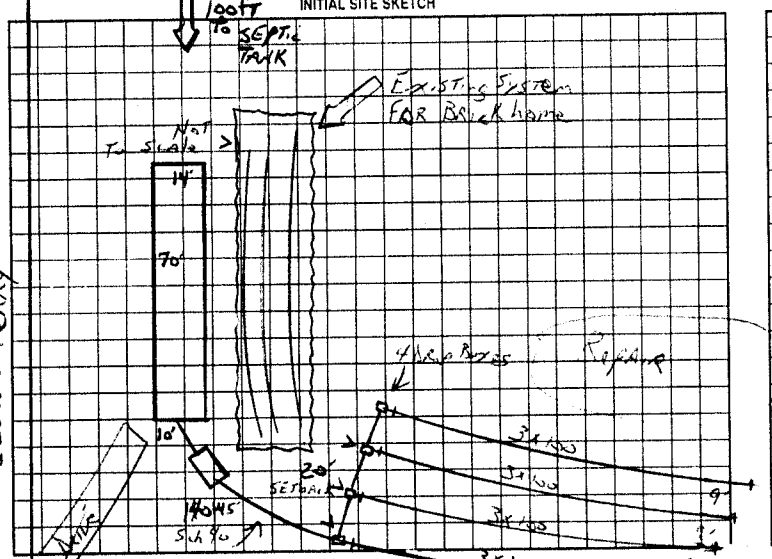
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

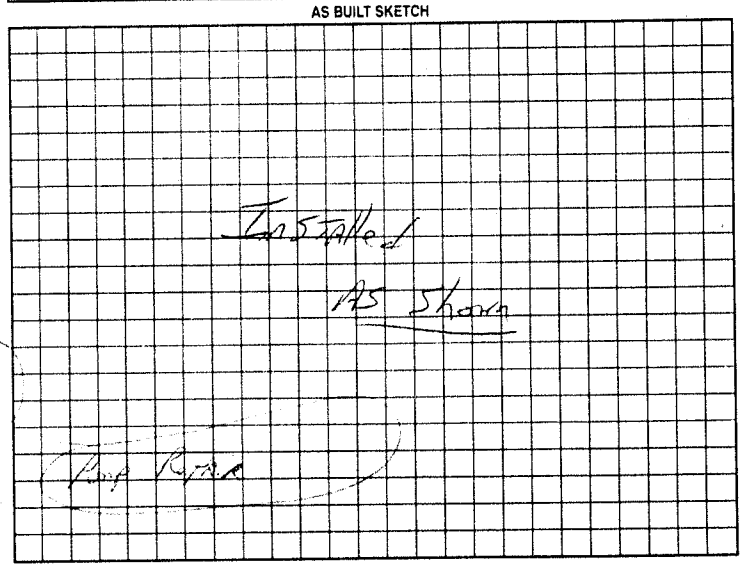
Comments/Conditions: (1) Keep Septic TANK 10 Ft From well (2) Use Sch 40 pipe (MAX 45 Ft) To hard Line (3) KEEP Any PART of NEW System 20 FT Min. From Existing drain Lines

Comments/Conditions: To drain Field

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 plot 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 5-19-99

Improvement Permit by: L. Potter date 5-18-99

Authorization to Construct by: L. Potter date 5-18-99

Installed by: C + W

Operation Permit by: L. Potter date 5 20 99

Existing System Inspection by: _____ date _____

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