IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 8638 PIN# 4702786884 DATE Dec 29, 99

OWNER OR CONTRACTOR Ricky Long PHONE: Business _____ Home 704 924 7721

ADDRESS 256 N Stanley Rest Rd Statesville NC

LOCATION Old NTR Rd South (R) Elevis Perry (L) Lamb on left in curve

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.885Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. -3

Septic Tank: 1000 Gallons; STB 1012 Date 10 29 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 24" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: 25% Reduction GRAVITY
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

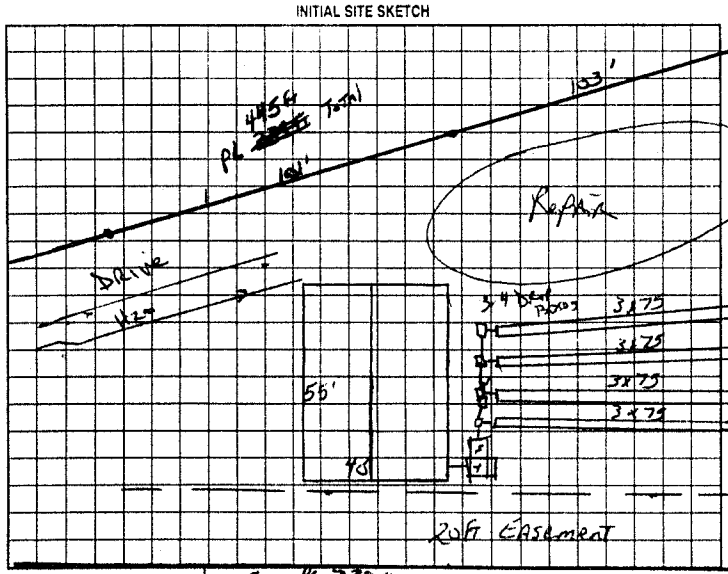
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home 3rd No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

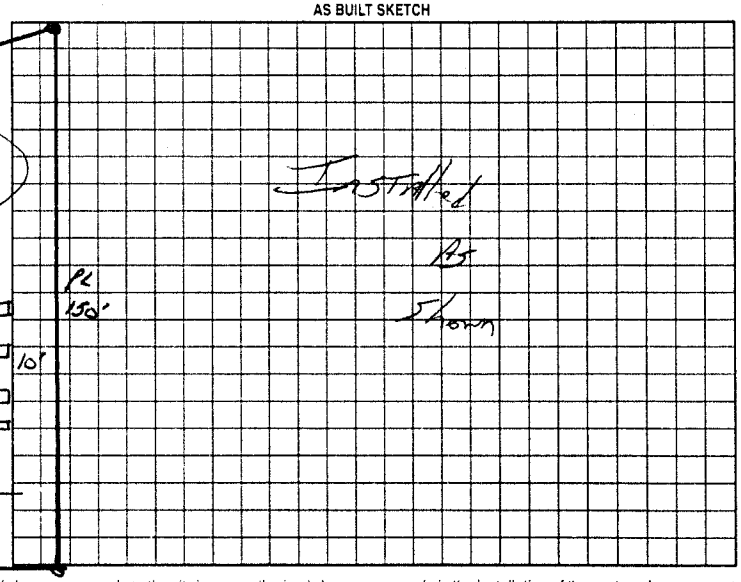
Comments/Conditions: 50 Chambers for 3 of 4 Sections SHALLOW
INSTALL on CONTOUR

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: Eddie Nuckolls date DEC. 29 99 Installed by: Al Barlow

Improvement Permit by: J C Potter date Dec 29 99 Operation Permit by: J C Potter date Dec 29 99

Authorization to Construct by: J C Potter date Dec 29 99 Existing System Inspection by: _____ date _____

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