IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 81745 PIN# 4752850795 DATE June 14, 99

OWNER OR CONTRACTOR BARBARA Seymore PHONE: Business Home 704871 9587

ADDRESS 230 E Broad ST STATESville, NC

LOCATION Old MT Rd (R) Lewis Ferry (L) Eufola (R) Barbary AR on Left

SUBDIVISION Lansdowne BLOCK / SECTION LOT 3 LOT AREA .76 ac SITE CLASS P5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 7299
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 3 Trench Width 36" Max Trench Bottom Depth 936 Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: 25% Reduction CLARITY
Repair System Description: 25% Reduction Rock
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

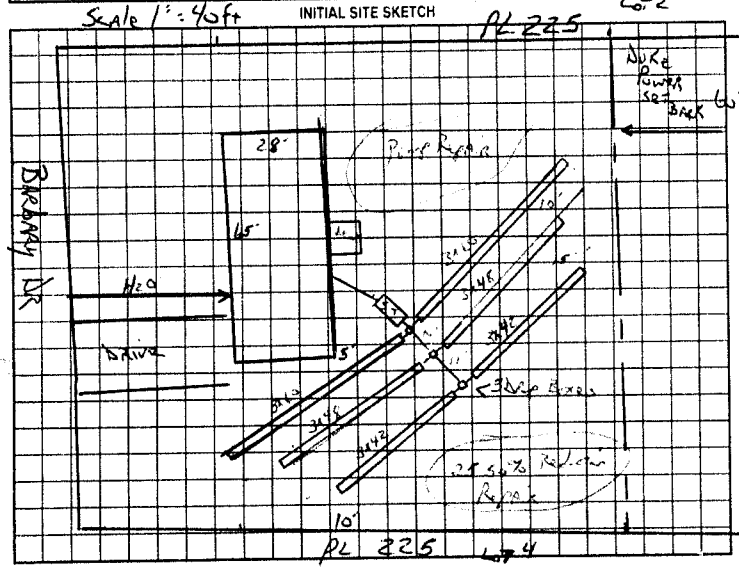
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: 50 Chambers OR 30 HBS Sections
Install Lines on Contour MAINTAIN All Set Backs

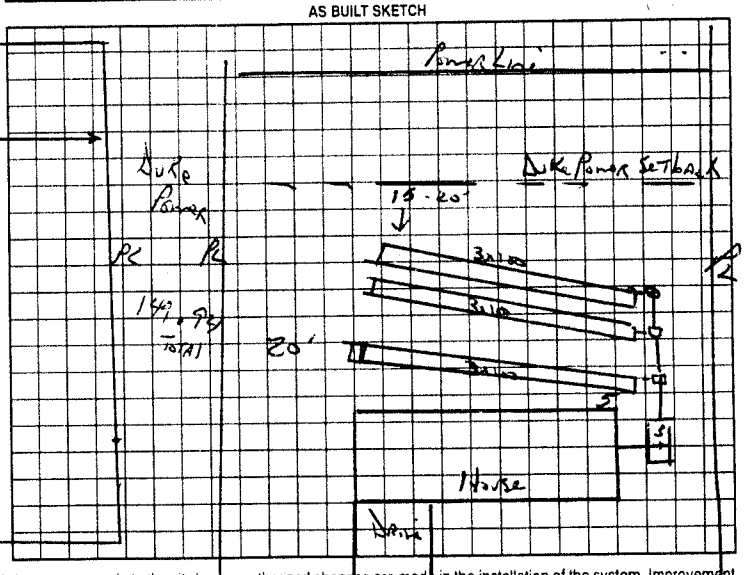
Comments/Conditions: House Site moved Forward
PL

INITIAL SITE SKETCH

Scale 1" = 40ft



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: Dawn R Wallace date 6-15-99 Installed by: A/ Backhoe

Improvement Permit by: Joe Lotter date June 14 99 Operation Permit by: Joe Lotter date 9-9-99

Authorization to Construct by: Joe Lotter date June 14 99 Existing System Inspection by: date

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