IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 83697 PIN# 4702 851434 DATE Sept 24, 99

OWNER OR CONTRACTOR Donna Bottoms PHONE: Business 873 1835 Home 873 6836

ADDRESS 118 Woodside Rd Statesville NC

LOCATION E. Front Rd (R) Barbary Dr on Left

SUBDIVISION Lansdowne BLOCK / SECTION ____ LOT 5 LOT AREA .81 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .33

Septic Tank: 1000 Gallons; STB 786 Date 7/14/99
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1090 Linear Feet 270
No Lines 6 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI,
System Description: Graywater 25% Reduction
Repair System Description: 25.5% pump ~~Reduction~~
Maintenance Agreement Required ☐ Yes ☒ No
Gravel Depth N/A ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

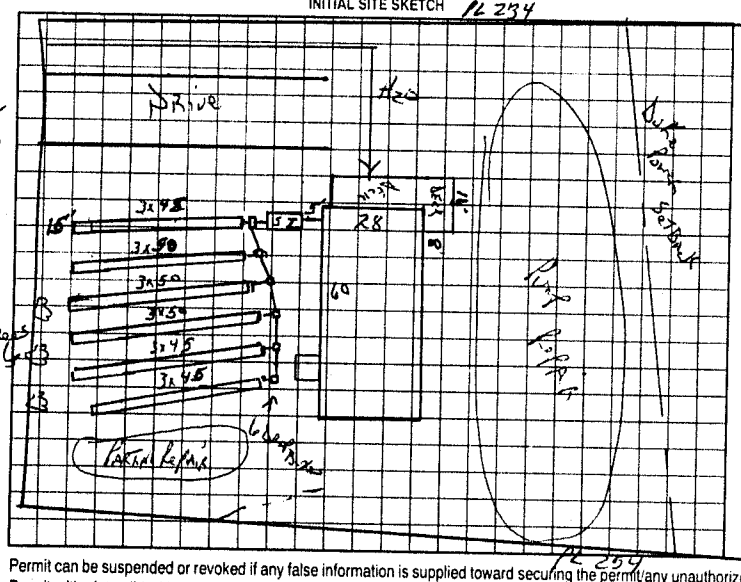
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home DW No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☐ Individual ☒ Public ☐ Community

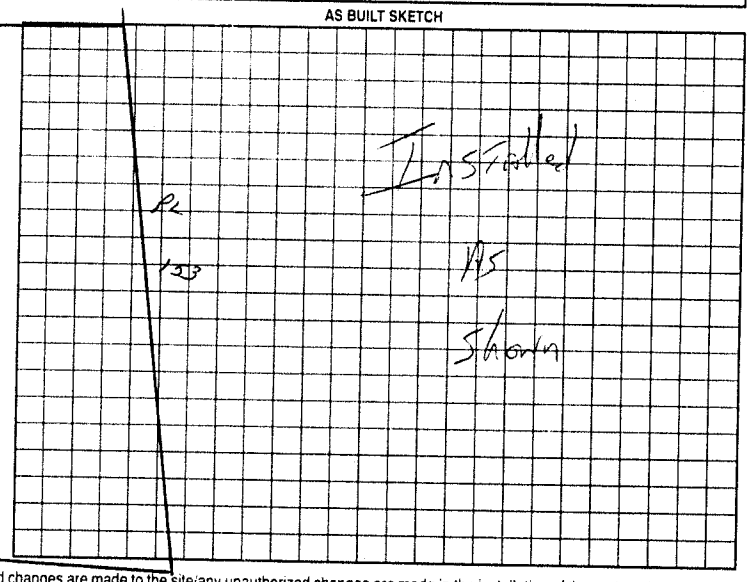
Comments/Conditions: 45 Chambers or 50 HS Sections
Install on Contour
1":40ft Scale

Comments/Conditions:

INITIAL SITE SKETCH PL 234



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: Donna Bottoms date Sept 24 99

Improvement Permit by: J.C. Potter date Sept 24 99

Authorization to Construct by: J.C. Potter date Sept 24 99

Installed by: ~~Lent~~ S+L Grading

Operation Permit by: J.C. Potter date Oct 6 99

Existing System Inspection by: ____ date ____

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