IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 81864 PIN# 4703367787 DATE July 1, 99

OWNER OR CONTRACTOR Allen Leigh PHONE: Business _____ Home 873 7456

ADDRESS 115 Ashley Brook Lane Statesville, NC

LOCATION 70W (R) Shady Rest Rd to LAST drive on Right Property on Right Before Basenhart Barn

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1 Ac +- SITE CLASS PS DESIGN FLOW 360 L.T.A.R .3

Septic Tank: 1000 Gallons; STB 1012 Date 5-20-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 @ 100 Trench Width 36" Max Trench Bottom Depth 36"

[x] New System [ ] Repair System Type: I (II) III IV V VI
System Description: Conv GRAVITY
Repair System Description: _____
Maintenance Agreement Required: [ ] Yes [x] No
Gravel Depth 12"

[ ] House/Mod. Home No. Bedrooms 3
[x] Mobile Home No. Bathrooms 2
[ ] Business No. Employees _____
[ ] Other _____

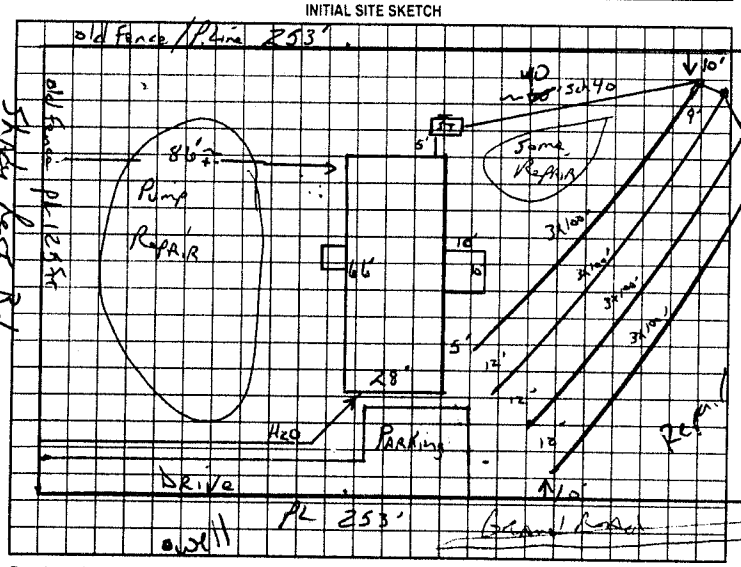
[ ] Slab [x] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [x] Public [ ] Community

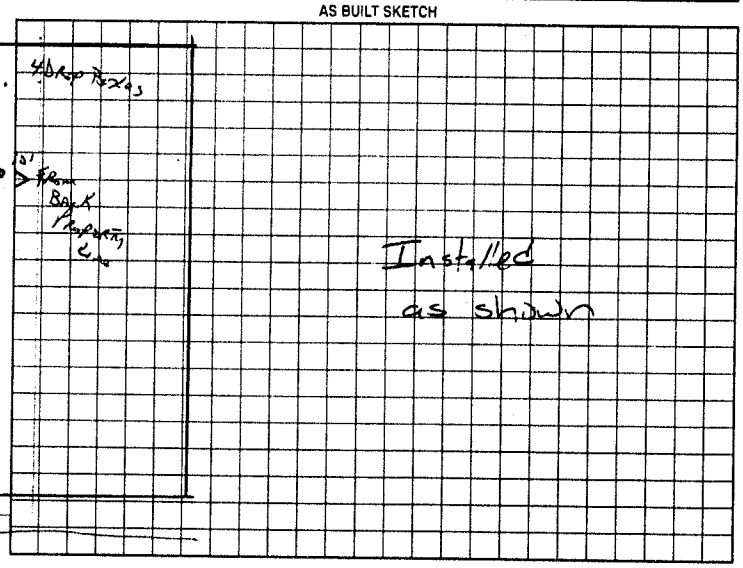
Comments/Conditions: Install Lines on Contour Locate property Lines + Knap setbacks 4 Drop Boxes

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: John V Byers date 7.1.99

Improvement Permit by: Jc Potter date 7.1.99

Authorization to Construct by: Jc Potter date 7.1.99

Installed by: Wes Lytton

Operation Permit by: Mary C Ostby RS date 7-29-99

Existing System Inspection by: _____ date _____

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