IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 136811 PIN# 4703-74-0895 704-200-3411 DATE 07/11/06

OWNER OR APPLICANT RICHARD FAIRLEY, JR. PHONE: Business 704-924-7020 Home 704-876-2843

ADDRESS 164 WEST WINDS LP, STATESVILLE, NC 28625 (163 GYPSY DR.)

LOCATION HWY 70 W., (L) SHADY REST RD., (R) GYPSY DR., ~0.25 MILES ON LEFT.

SUBDIVISION SHADY ACRES BLOCK / SECTION II LOT 10 LOT AREA 1.23 ACRES SITE CLASS. EXIST. DESIGN FLOW 480 GPD L.T.A.R. EXIST.

EXIST. Septic Tank: 1250 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet ~1371 Linear Feet ~457'

No Lines 3 Trench Width ~36" Max Trench Bottom Depth ? EXIST. Gravel Depth 12"

☐ ~~New System~~ ☐ ~~Repair~~ ☐ ~~Expansion~~ System Type: I (II) III IV V VI

System Description: CONV., GRAVITY

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☒ ~~No~~

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

☐ House/Mod. Home No. Bedrooms 4

☒ ~~Mobile Home~~ No. Persons ____

☐ Business No. Employees ____

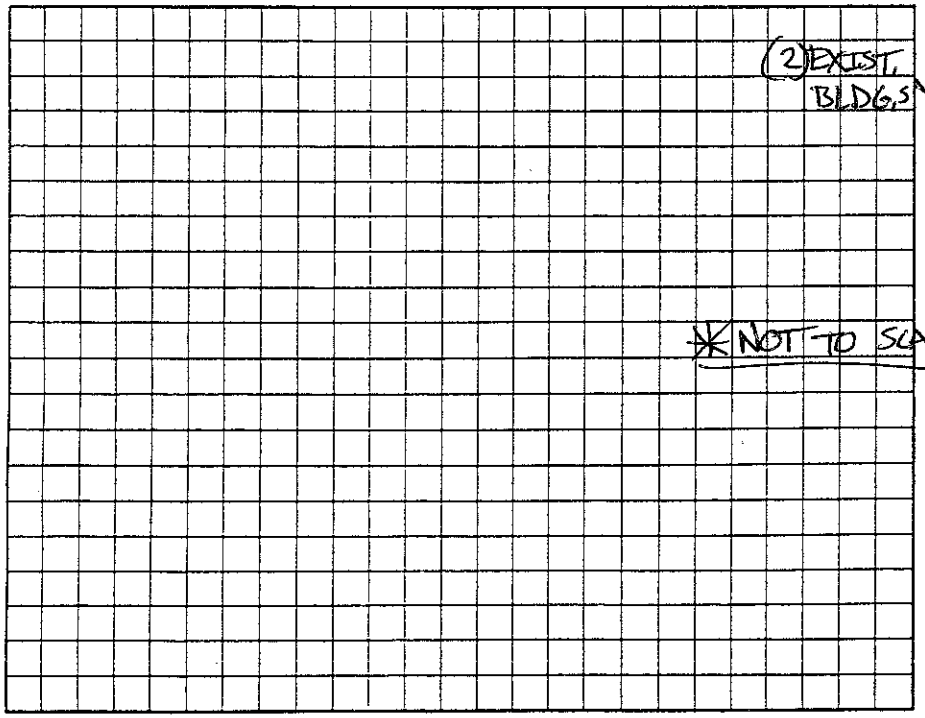
☐ Other ____

Water Supply: ☒ ~~Individual~~ EXIST. WELL ☐ Public ☐ Community

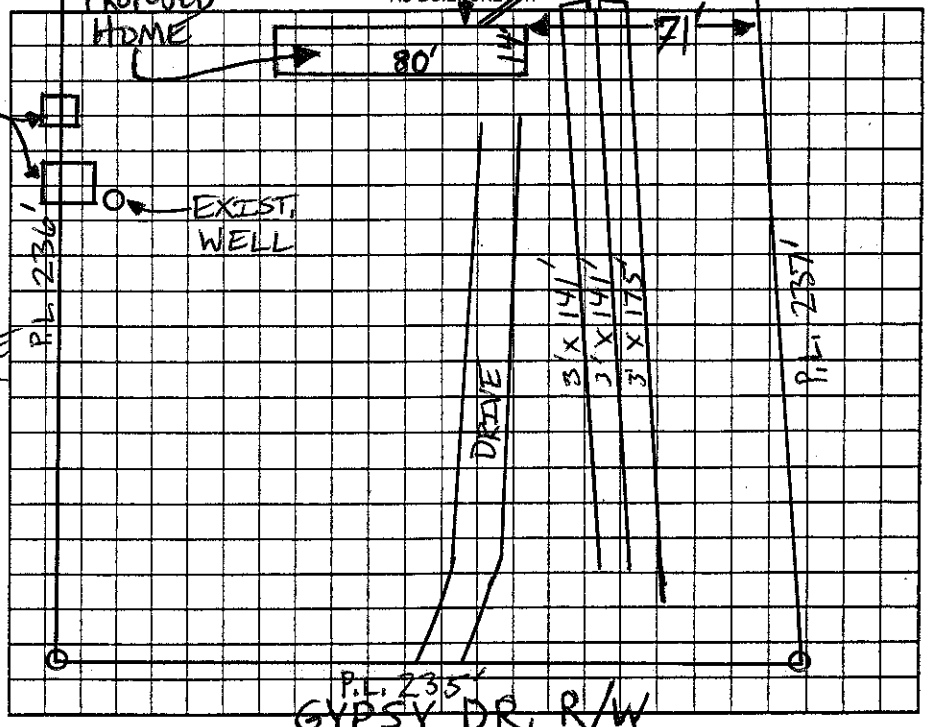
Comments:/Conditions:

Comments:/Conditions: (1) HOME MUST BE PLACED 5'+ FROM ANY PART OF SEPTIC. (2) NO VEHICLE TRAFFIC OVER DRAINFIELD. P.L. 218'

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 ☒ ~~X~~ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: ____ date ____

Improvement Permit by: ____ date ____

Authorization to Construct by: ____ date ____

Installed by: ____

Operation Permit by: ____ date ____

Existing System Inspection by: Patrick Rockwell date 07/11/06

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