IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 89463 PIN# 4703832422 DATE 6/10/2000

OWNER OR CONTRACTOR Gene Pickens PHONE: Business 928-0103 Pager Home 878-9537

ADDRESS P.O. Box 1407 Statesville, NC 28687

LOCATION I-40 W. TL Old Mountain Rd TR Lewis Ferry TR Grace Lynn property at back Parker's Grove LN

SUBDIVISION Three Oaks BLOCK / SECTION 3 LOT 53 LOT AREA .85 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 10/13/00
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 4 at 100' Trench Width 36" Max Trench Bottom Depth 28" Gravel Depth 12"

[X] New System [ ] Repair System Type: I II III IV V VI
System Description: Gravity- Conventional
Repair System Description Gravity/Pump Innovative
Maintenance Agreement Required: [ ] Yes [X] No

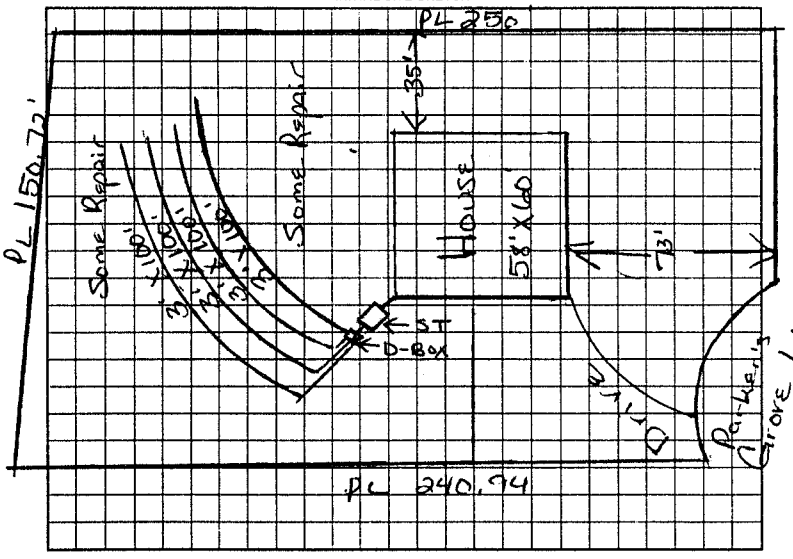
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other
[ ] Slab [ ] Crawl Space [ ] Basement w/plumbing [X] Basement wo/plumbing

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

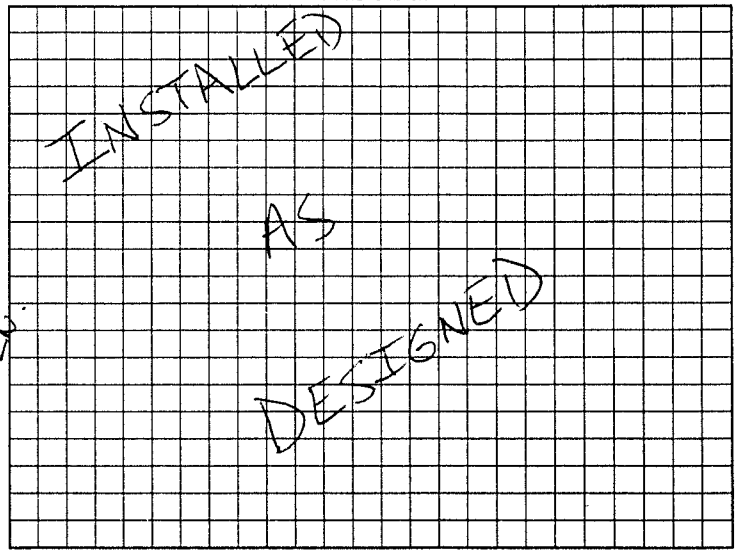
Comments/Conditions: Keep Septic System at least 10' from PL & 5' from House. Note: Septic Installer may use Distribution box or Drop boxes. SCALE = 1:50'

Comments/Conditions: ① PUMP SEPTIC TANK EVERY 3-5 YRS.

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: Gene Pickens date 7/12/2000 Installed by: WES LYTTON

Improvement Permit by: Maria H. Dotson RS date 6/10/2000 Operation Permit by: Jimmy Shinn date 5/4/01

Authorization to Construct by: Maria H. Dotson RS date 6/10/2000 Existing System Inspection by: ____ date ____

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