IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 095004 PIN# 4703 83 9221 DATE 3/10/01

OWNER OR CONTRACTOR KEITH LEVAN PHONE: Business _____ Home (704) 528-0598

ADDRESS 212 CANAL DR. STATESVILLE, NC 28677

LOCATION I 40 W ① OLD MTN. RD. ⑧ LEWIS FERRY RD. ⑫ GRACE LYNN ⑮ S. LYNN

SUBDIVISION THREE OAKS BLOCK / SECTION _____ LOT 66 LOT AREA .64 Ac SITE CLASS PS DESIGN FLOW 360GPD L.T.A.R. .35

Septic Tank: 1000 Gallons: STB 1012 Date 11-21-00
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No. Fields 1 Square Feet 1023 Linear Feet 342'
No. Lines 5 Trench Width 3' Max Trench Bottom Depth 30" Gravel Depth _____

☑ New System ☐ Repair System Type: I (II) III IV V VI
System Description: CONVENTIONAL
Repair System Description: 25% REDUCTION
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

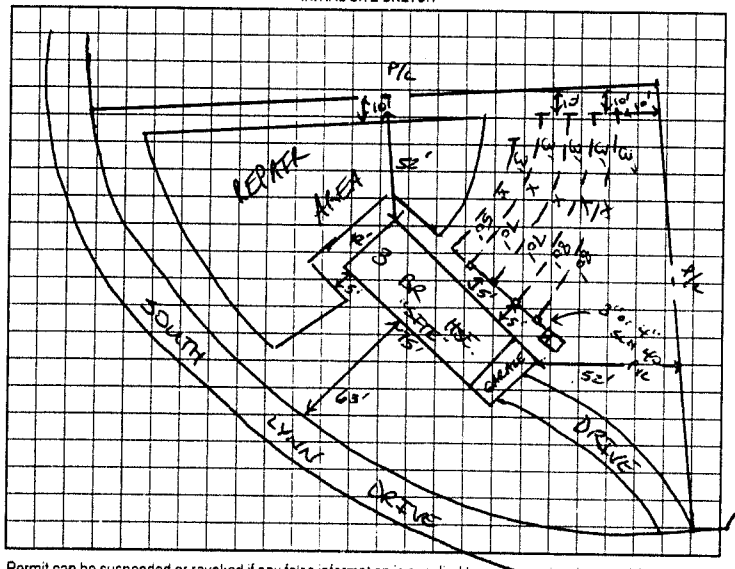
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☐ Individual ☐ Public ☐ Community

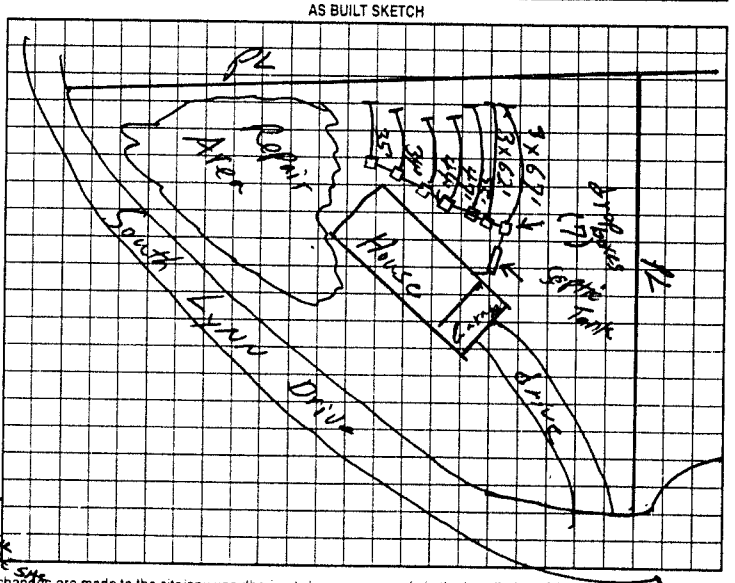
Comments/Conditions: ①NO CUTTING OR FELLING OVER DRAINFIELD OR REPAIR AREAS ②KEEP ALL DRAINS AWAY FROM DRAINFIELD/REPAIR AREAS ③MAINTAIN SETBACKS ④INSTALL DRAINLINES LEVEL AND ON CONTOUR

Comments/Conditions:
- Poly Lok Filter Installed
- Septic Tank B'SOX Installed

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 plan 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: Lloyd Lovan date _____ Installed by: Dale Winkler

Improvement Permit by: [signature] date 3/6/01 Operation Permit by: William O. Johnson date 6/21/01

Authorization to Construct by: [signature] date 3/10/01 Existing System Inspection by: _____ date _____

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