IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (CI) MOORESVILLE 704-664-5281

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

PERMIT# 20671 PIN# 4703-84-9571

OWNER OR CONTRACTOR JERRY W PRILE DATE 5-27-04

ADDRESS 239 LEWIS FERRY RD STATESVILLE, NC 28677 PHONE: Business _____ Home 704-878-0330

LOCATION 70 WEST (L) DMR (R) LEWIS FERRY, (R) 3 MILES ON LEFT CORNER OF ZOAKS & H.TOWN ROAD

SUBDIVISION THREE OAKS BLOCK / SECTION _____ LOT 11 LOT AREA .63 A-C SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .5

Septic Tank: 1000 Gallons; STB 1012 Date 5-01-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EQ=120 Linear Feet 200'

No Lines 5x40' Trench Width 24" Trench Bottom Depth 48" Gravel Depth N/A

(X) New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: GRAVITY 50% REDUCT

Repair System Description: LP PANEL

Maintenance Agreement Required: ☐ Yes (X) No

(X) House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

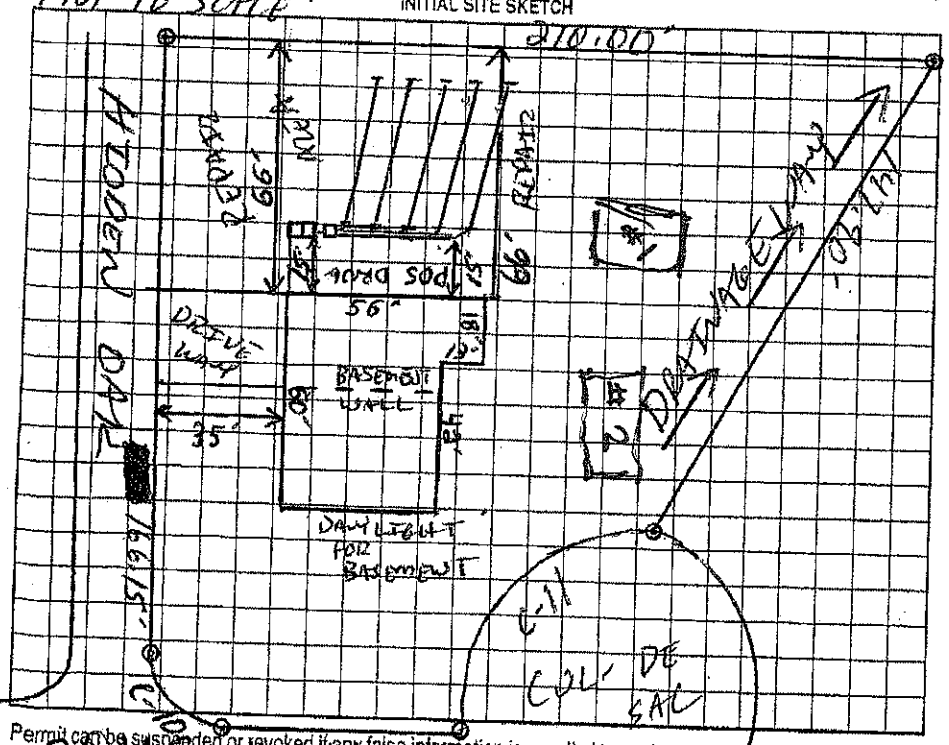
☐ Other _____

☐ Slab ☐ Crawl Space ☐ Basement w/plumbing (X) Basement wo/plumbing

Water Supply: ☐ Individual (X) Public ☐ Community

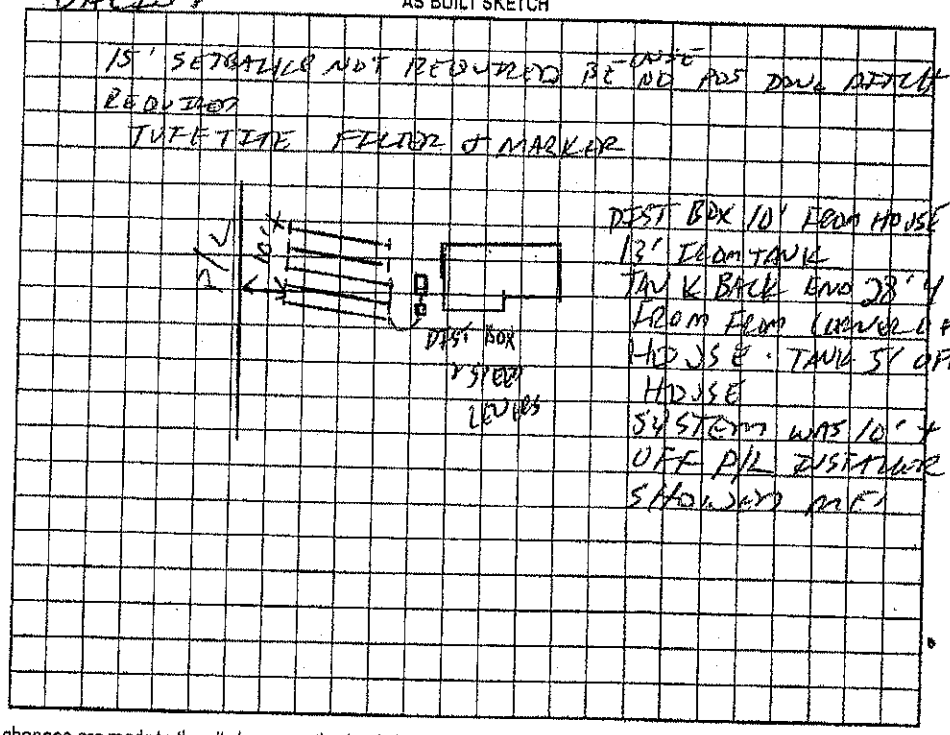
Comments/Conditions: (1) INSTALL 5 LINES 40' LONG USING AN EQUAL FLOW DISTRIBUTION BOX (2) INSTALL LINES ON CONTOURS & MAINTAIN SETBACKS (3) HOUSE & SYSTEM IS FLAGGED OUT ON LOT "NOT TO SCALE"

INITIAL SITE SKETCH



Comments/Conditions: (4) INSTALL LINES AT 48" TRENCH BOTTOM (5) DO NOT CUT FOR POSITIVE DRAINAGE REQUIREMENTS. KEEP HOUSE OUT OF GRADE & BACKFILL FOR 15' SETBACK TO BE VALID.

AS BUILT SKETCH



3 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: _____ date _____

Improvement Permit by: _____ date 5-27-04

Authorization to Construct by: _____ date 5-27-04

Installed by: DALE WINKLER

Operation Permit by: _____ date 9-28-04

Existing System Inspection by: _____ date _____

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