IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 092027 PIN# 4703929748 DATE Sept. 26, 00

OWNER OR CONTRACTOR Bobby Campbell PHONE: Business 873-1291 Home

ADDRESS 374 Lewis Ferry Rd. Statesville 28677

LOCATION Old Mtn. Road turn on E. Lewis Ferry Rd. 1 mile on left

SUBDIVISION BLOCK / SECTION LOT LOT AREA 5.49 Ac SITE CLASS DESIGN FLOW 240 gpd L.T.A.R. 3 240

Septic Tank: Existing Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet Linear Feet

No Lines Existing Trench Width Max Trench Bottom Depth

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

System Description: Existing

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 2

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

Water Supply: ☐ Individual ☑ Public ☐ Community

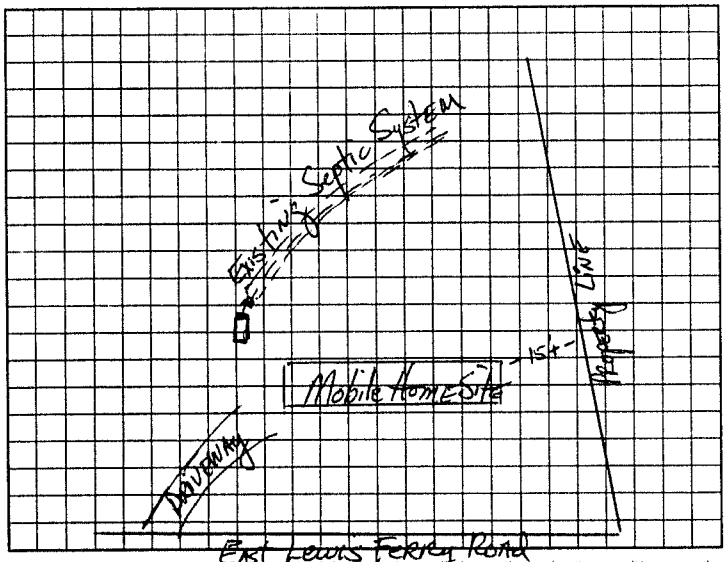
Comments:/Conditions:

Existing system showing no signs of malfunction

Comments:/Conditions:

Nov. 7, 2000 - Talked w/ Mr Campbell - According to him this system served a 3 BR home in the past - No records exist to substantiate. Sufficient area exists to repair system if needed. According to tenant (Reda Lewis), she is the only person to be living in home - DK Hanson

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: date

Improvement Permit by: date

Authorization to Construct by: date

Installed by:

Operation Permit by: date

Existing System Inspection by: DK Hanson, RS date 9-26-00

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