IREDELL COUNTY HEALTH DEPARTMENT

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

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

CI

PERMIT# 118384 PIN# 4703-93-2703 DATE 3-1-04

OWNER OR CONTRACTOR JERRY PRICE PHONE: Business _____ Home 704-878-0330

ADDRESS 239 LEWIS FERRY RD STATESVILLE NC 28677

LOCATION 40 WEST (L) ONR (R) LEWIS FERRY (R) GRACE LYNN (R) ENGLISH OAK LOT # 36 ON LEFT

SUBDIVISION THREE OAKS BLOCK / SECTION _____ LOT 36 LOT AREA 0.984 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1017 Date 2-5-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet EQ=1200' Linear Feet 300'
No Lines 4x75' Trench Width 36" Max Trench Bottom Depth 36' Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, [III] IV, V, VI
System Description: 60AN 250/0 ROCK LT
Repair System Description: LP PAVEL
Maintenance Agreement Required: [ ] Yes [X] No

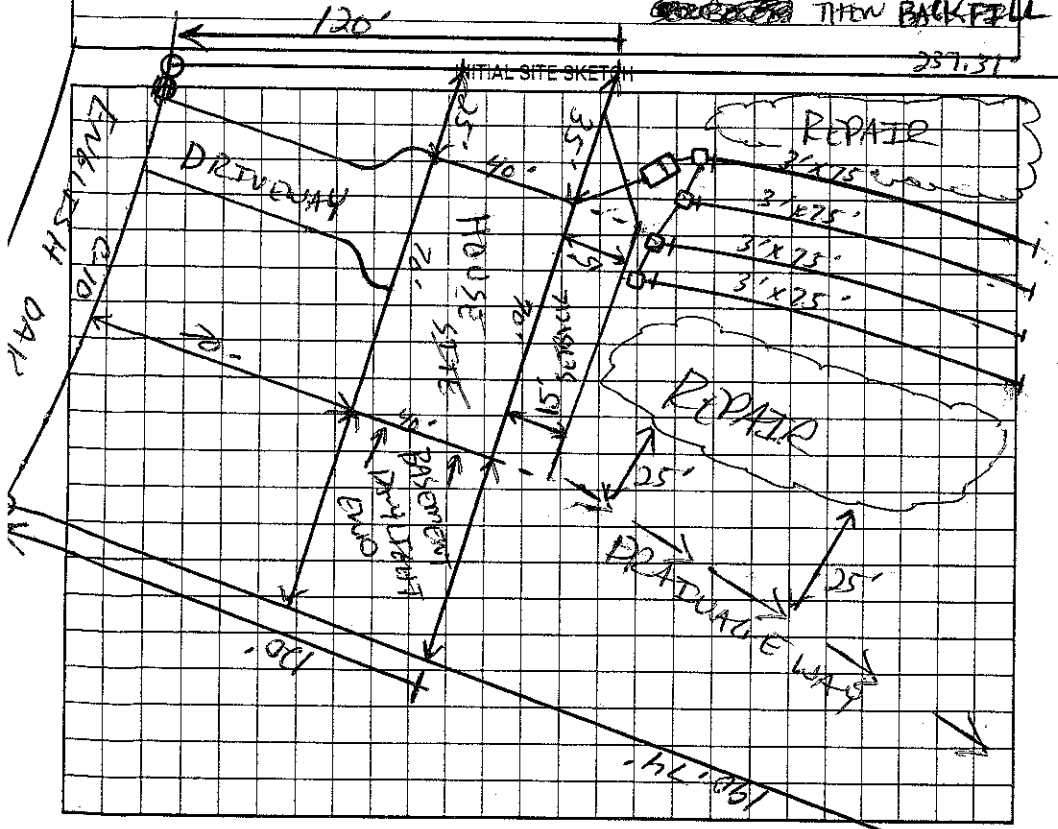
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other _____
[ ] Slab [ ] Crawl Space [ ] Basement w/plumbing [X] Basement wo/plumbing

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

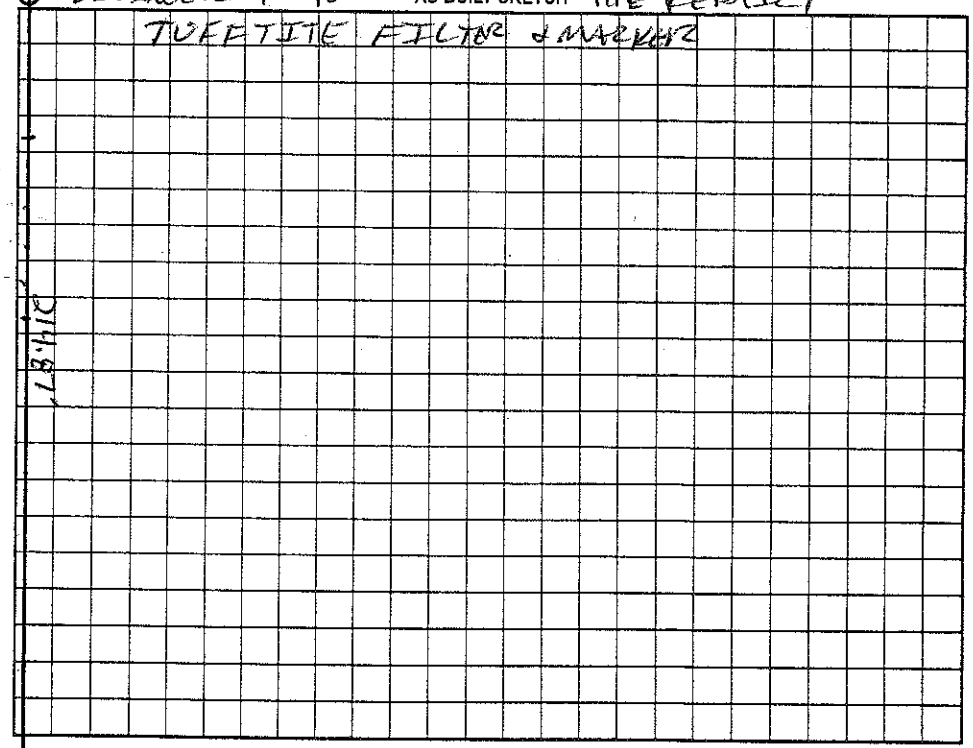
Comments/Conditions: (1) INSTALL LINES ON CONTOURS (2) MAINTAIN SETBACKS (3) STUB OUT 3' ABOVE NATURAL GRADE & THEN BACKFILL

Comments/Conditions: FOR POSITIVE DRAINAGE, (4) BASEMENT DAYLIGHT END IS ON THE SIDE OF HOUSE AS DRAWN. DO NOT EXCAVATE BEHIND THE HOME (5) FILLING MAY BE REQUIRED TO ACHIEVE THE 25' UPSLOPE FROM THE DRAINFIELD TO THE REPAIR.

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 3-3-04
Improvement Permit by: _____ date 3/04
Authorization to Construct by: _____ date 3-1-04

Installed by: DALE WINGLER
Operation Permit by: _____ date 7-13-04
Existing System Inspection by: _____ date _____

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