IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 124793 PIN# 4703-93-4374 DATE 12-10-04

OWNER OR CONTRACTOR JAMES REAVIS PHONE: Business (704) 252-2903 Home (704) 528-9976

ADDRESS 1144 OLD MOUNTAIN RD. STATESVILLE NC 28677

LOCATION I-40W TL OMR TR LEWIS FERRY TR GRACE LYNN 1ST LOT ON LEFT

SUBDIVISION THREE OAKS BLOCK / SECTION III LOT 70 LOT AREA 0.77 SITE CLASS. RS DESIGN FLOW 360 L.T.A.R. 0.25 gpd/Ft²

Septic Tank: 1000 Gallons; STB 1012 Date 11-21-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480'
No Lines 7 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: PUMP 25% REDUCTION
Maintenance Agreement Required: ☐ Yes ☑ No

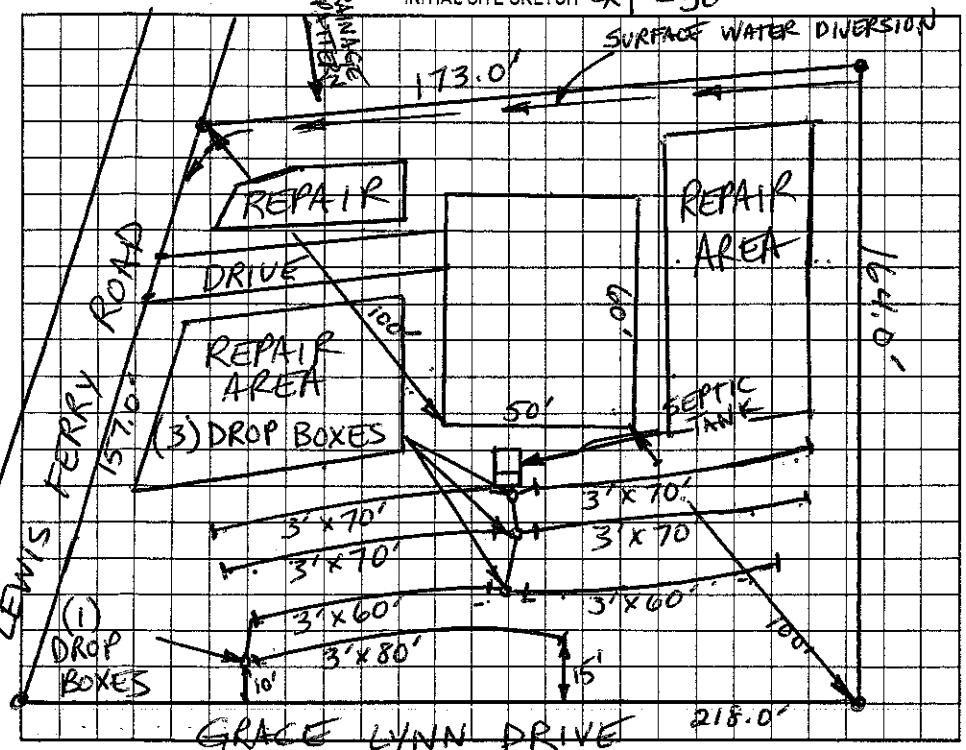
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: (1) INSTALL ON CONTOUR (2) MAINTAIN SETBACKS (3) INSTALL SURFACE DRAINAGE AS SHOWN

Comments/Conditions: (1) #5 STONE (2) TANK HAS 'TUFF-TITE' FILTER (3) HAS MARKER ON TANK

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH

X SYSTEM INSTALLED AS SHOWN

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: James A. Reavis date ____

Improvement Permit by: Christopher M. Sherrill, LRS date 12-10-04

Authorization to Construct by: Christopher M. Sherrill, LRS date 12-10-04

Installed by: DALE WINGLER

Operation Permit by: Christopher M. Sherrill, LRS, LSS date 4-5-05

Existing System Inspection by: ____ date ____

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