IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12 7422 PIN# 4703936928 DATE 5-26-05

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

ADDRESS 239 LEWIS FERRY RD STATESVILLE, NC 28677

LOCATION 40 WEST (L) OMR (R) LEWIS FERRY (R) GALE LYNN (R) ENGLISH OAKS LOT ON RIGHT

SUBDIVISION THREE OAKS BLOCK / SECTION _____ LOT 29 LOT AREA 1.777 SITE CLASS IB DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 2-28-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet EQ=1200' Linear Feet 300'
No Lines 3X100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: 60MM 2500 GAL
Repair System Description: LP 501 X 200
Maintenance Agreement Required: ☐ Yes ☒ No

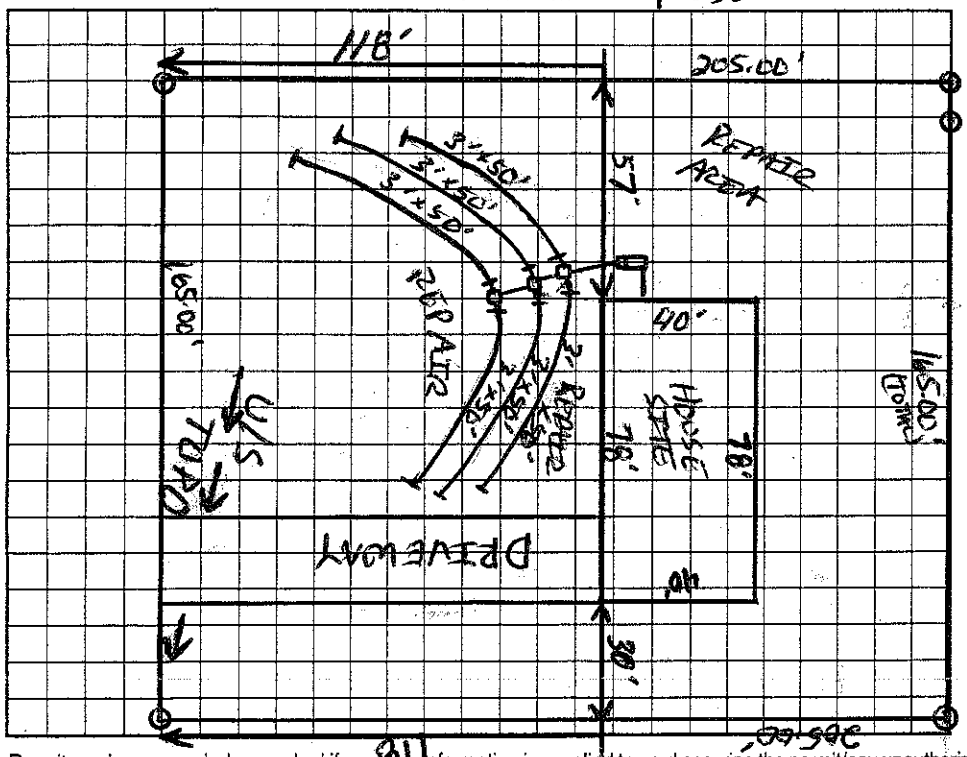
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: (1) INSTALL LINES ON CONTOURS (2) MAINTAIN SETBACKS

Comments:/Conditions: Septic tank Marker installed yellow Tuff-tite filter installed

INITIAL SITE SKETCH 1"=50'



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 5-26-05 Installed by: _____

Improvement Permit by: _____ date 5-26-05 Operation Permit by: _____ date 9-14-05

Authorization to Construct by: _____ date 5-26-05 Existing System Inspection by: _____ date _____

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