IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103045 PIN# 4703942232 DATE 11-5-2001

OWNER OR CONTRACTOR Jerry W. Price PHONE: Business _____ Home 878-0330

ADDRESS 239 Lewis Ferry Rd. Statesville, NC

LOCATION Hwy 70 West TC Old Mountain Rd TR Lewis Ferry TR Oak Ln TL Hidden Oaks

SUBDIVISION Three Oaks BLOCK / SECTION _____ LOT 8 LOT AREA .793 Acre SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 11-3-01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'
No Lines 5 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: Gravity - 25% Reduction
Repair System Description: Pump - Innovative
Maintenance Agreement Required: ☐ Yes X No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms _____ No. Bathrooms _____ No. Employees _____

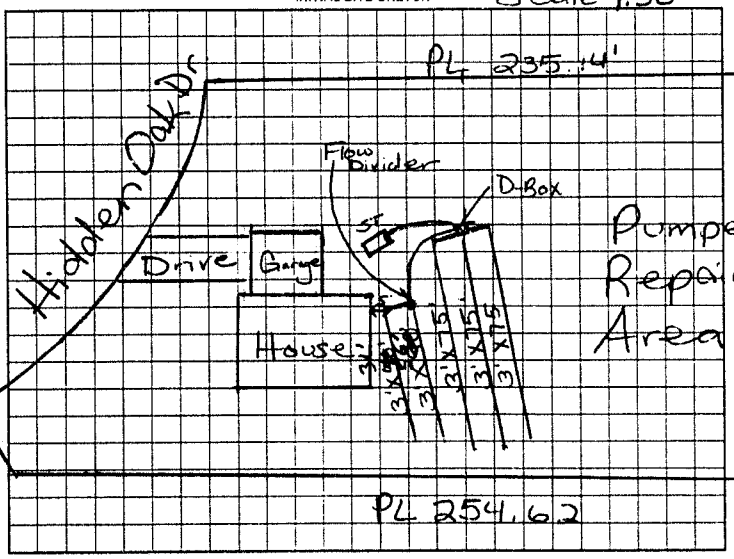
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual X Public ☐ Community

Comments/Conditions: Keep Septic System at least 10' from PL. Stub plumbing out high.

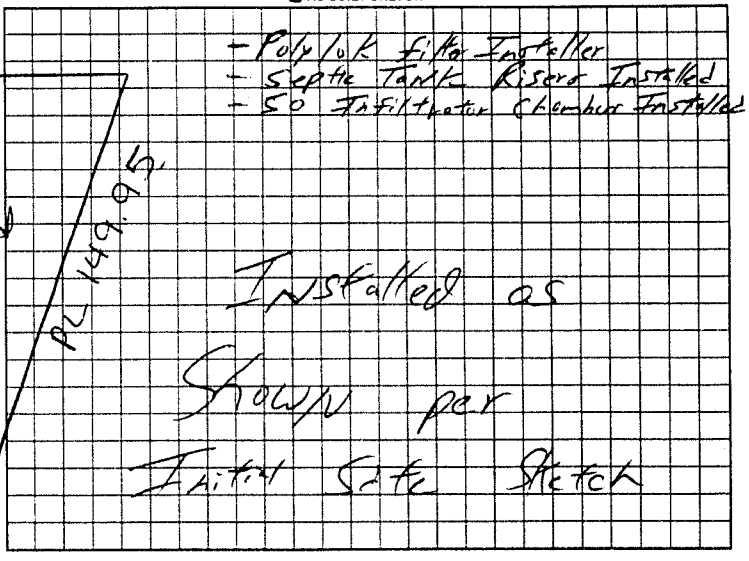
Comments/Conditions: If installer can achieve enough fall without being to deep, it's okay to use "drop boxes" (Upper lide may be deeper)

INITIAL SITE SKETCH Scale 1:50



AS BUILT SKETCH

- Poly Lok Filter Installed
- Septic Tank Risers Installed
- 50 Infiltrator Chamber Installed



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: Jerry Price date 11-8-01 Installed by: Dale Wingler

Improvement Permit by: Maina H. Holt Dotson RS date 11/5/01 Operation Permit by: William O. Johnson date 4/3/02

Authorization to Construct by: Maina H. Holt Dotson RS date 11/5/01 Existing System Inspection by: _____ date _____

HEALTH DEPT COPY WHITE / OWNER COPY (FINAL) YELLOW OWNER COPY (INITIAL) PINK