IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 91739 PIN# 4704 120 7721 DATE 9/15/00

OWNER OR CONTRACTOR NORA D. Lard PHONE: Business _____ Home 883-8501

ADDRESS PO Box 7721 Statesville NC 28687

LOCATION 40W, R old Mtn, L Island Ford, L Cullen on Lt

SUBDIVISION _____ BLOCK / SECTION ____ LOT ____ LOT AREA 3.85 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1012 Date 10-20-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3 @ 133' Trench Width 36" Max Trench Bottom Depth 36"

[X] New System [ ] Repair System Type: I (II) III, IV, V, VI
System Description: Grav. Conv.
Repair System Description: 59me
Maintenance Agreement Required: [ ] Yes [X] No

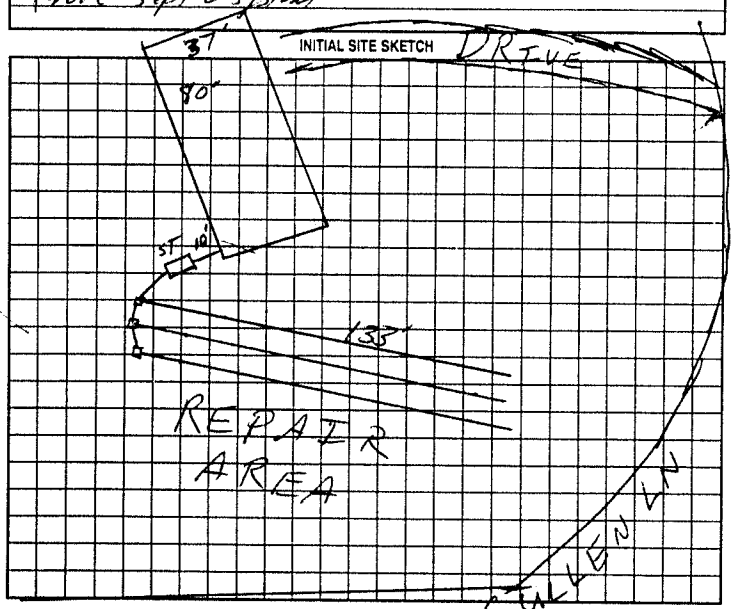
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other _____

Gravel Depth 12" [ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

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

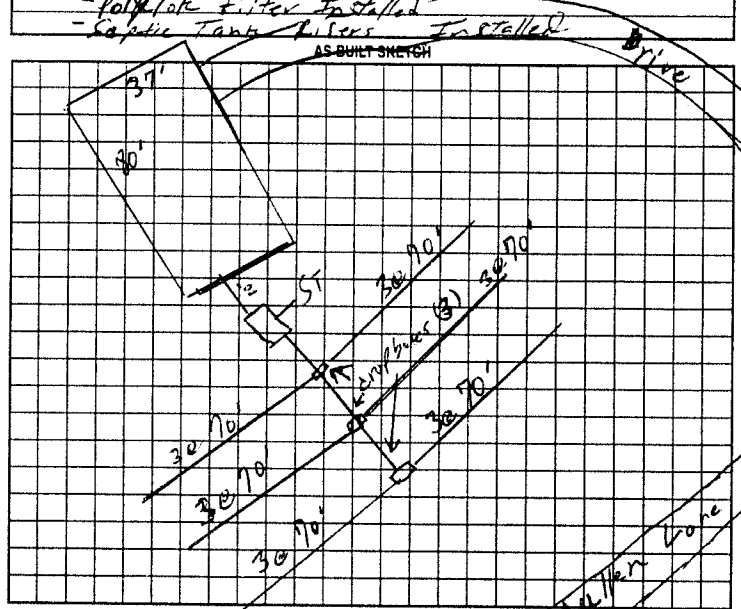
Comments:/Conditions:
Keep well 100ft from septic system ⊗WELL

INITIAL SITE SKETCH



Comments:/Conditions: ⊗TANK CAN BE MOVED & LINES SPLIT
FEO / Corne Cook 2-20-01
- Poly Lok Filter Installed
- Septic Tank Risers Installed

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: Nora Jean Dillard date 9-18-00 Installed by: F. G. Dillard

Improvement Permit by: [signature] RSI date 9/15/00 Operation Permit by: William O. Johnson RSI date 2/9/01

Authorization to Construct by: [signature] RSI date 9/15/00 Existing System Inspection by: _____ date _____

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