IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 92693 PIN# 4705 72 6599 DATE 11/2/00

OWNER OR CONTRACTOR Howard Wagoner PHONE: Business _____ Home 704 871-2325

ADDRESS 556 Massy Dean Rd Statesville NC 28625

LOCATION 64 W, L Lippard Farm, E Massey Dean on RT 552 Massy Dean

SUBDIVISION _____ BLOCK / SECTION ___ LOT ___ LOT AREA 3.54 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons: STB 1007 Date 9/7/00
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3 @ 134' Trench Width 36" Max Trench Bottom Depth 36"

[X] New System [ ] Repair System Type: I (II) III IV V VI
System Description: Gravity Conv
Repair System Description: Same
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 [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

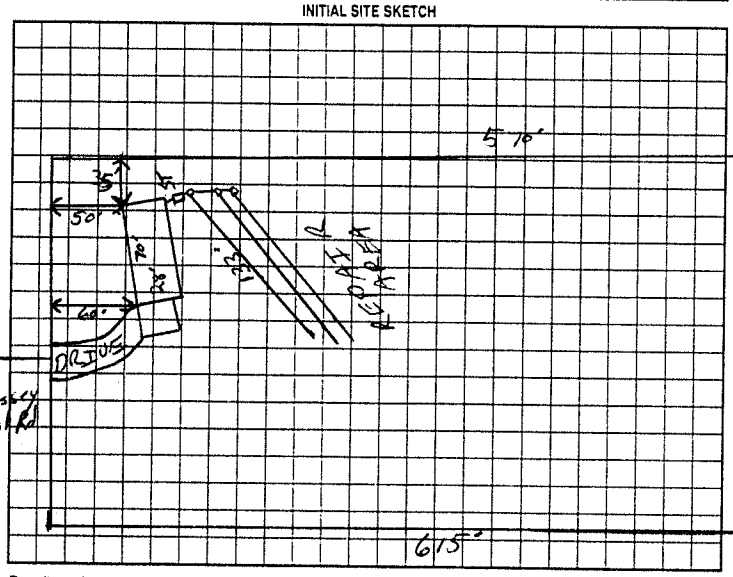
Water Supply: [ ] Individual [X] Public [ ] Community

Comments:/Conditions:

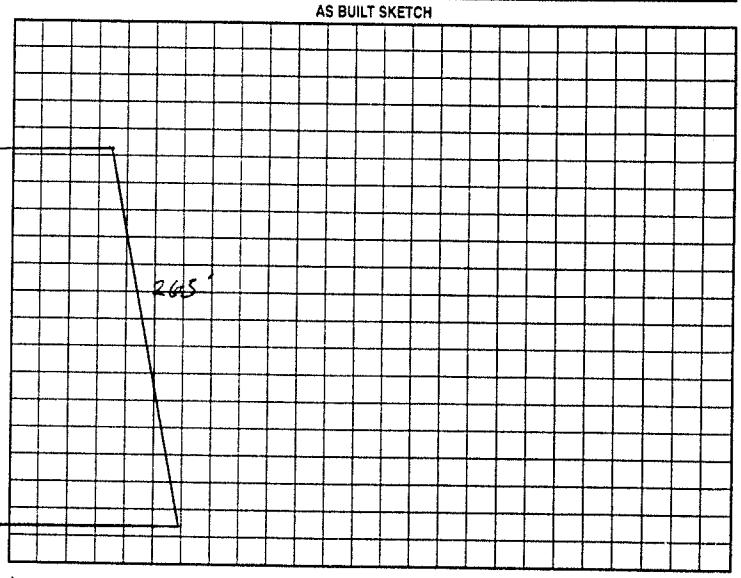
1:100 Scale

Comments /Conditions:

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: Howard Wagoner date 11-3-2000 Installed by: Travis Enterprises

Improvement Permit by: [signature] RSI date 11/2/00 Operation Permit by: [signature] RSE date 11/22/00

Authorization to Construct by: [signature] RSI date 11/2/00 Existing System Inspection by: _____ date _____

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