100

IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE July 15, 2000

PERMIT# 010440 PIN# 4706324628

OWNER OR CONTRACTOR Randy Woolard PHONE: Business [illegible] Home 873-6830

ADDRESS 120 Tetley Ln Statesville

LOCATION 64 West past Lyons Farm Rd TL next Rd (Tweety Bird Ln) Repair left on Right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 7.73Ac SITE CLASS. 1 DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1017 Date 9/7/00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 440
No Lines 4 @ 100' Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Capacity conventional
Repair System Description: same
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth 12" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

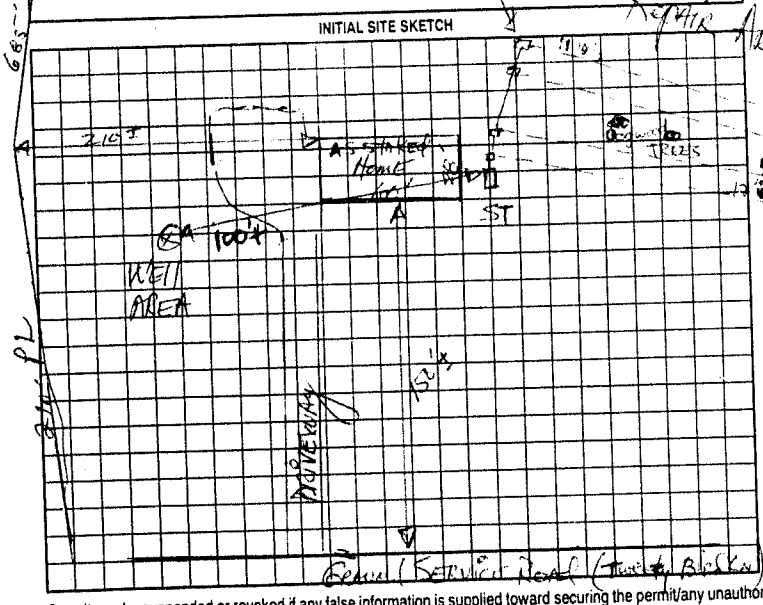
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:
Follow contour with laterals. Pump

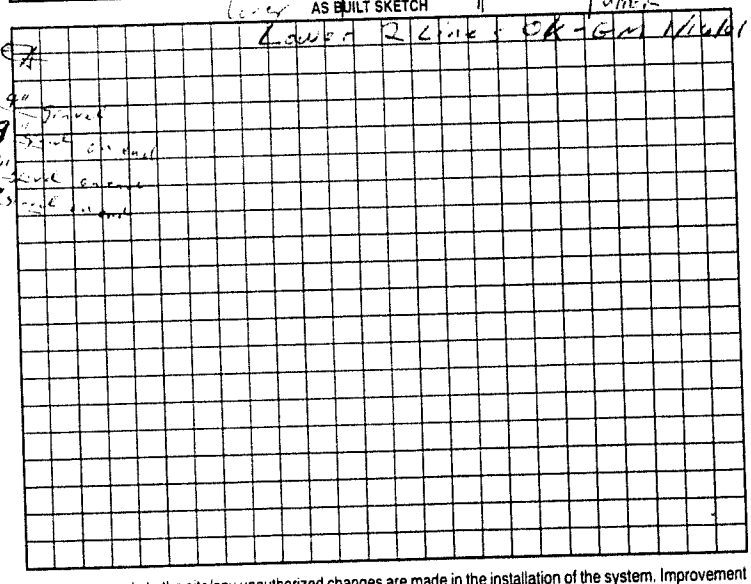
Comments:/Conditions

B 9' 5½ –	76 B	B6 9	8 3½ B
9 4½ –	8 3	6 3½	8 7½
8 10½ –	7 9½ E	= 61	8 9½ E
6 3 5½ –			

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: Randy Woolard date _____ Installed by: Eagle Grading

Improvement Permit by: RS date 7-15-00 Operation Permit by: RST date 1/18/01

Authorization to Construct by: RS date 7-15-00 Existing System Inspection by: _____ date _____

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