# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 8170 PIN# 4706618011 DATE June 17 99

OWNER OR CONTRACTOR James Snead PHONE: Business _____ Home 704 876 0166

ADDRESS 155 Stanley Rd Statesville NC 28625

LOCATION Hwy 90 W past L. pond Farm Rd. on Left before W. Idlehurst Lane

SUBDIVISION _____ BLOCK / SECTION _____ LOT 3 LOT AREA 1.8 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines _____ Trench Width _____ Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: Conv. Gravity
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

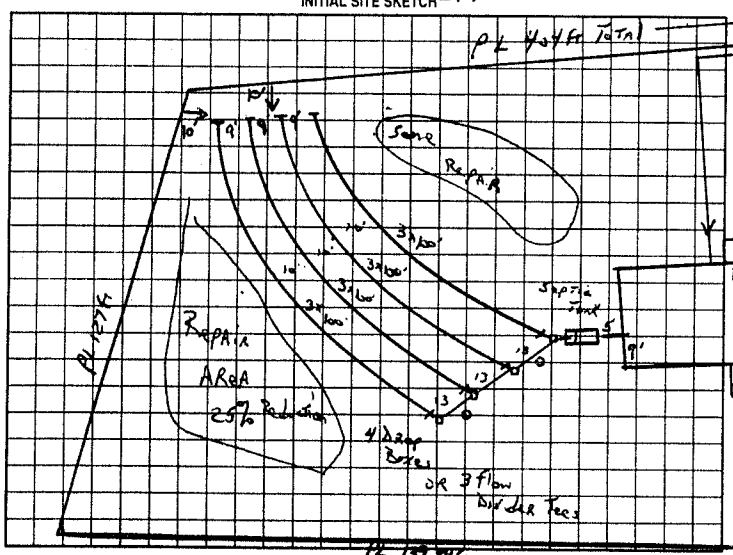
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☐ Individual ☒ Public ☐ Community

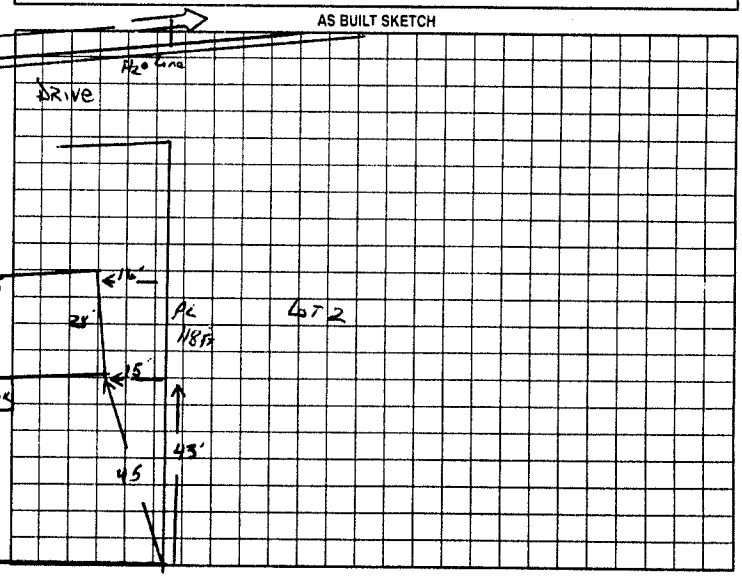
Comments/Conditions: Install Line on Contour
May use 3 flow divider Tees

Comments/Conditions:

INITIAL SITE SKETCH Lot 4




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: James Snead A.P. date 6-17-99 Installed by: _____

Improvement Permit by: C Potter date 6 17 99 Operation Permit by: [signature] AST date 10/12/00

Authorization to Construct by: C Potter date 6 17 99 Existing System Inspection by: _____ date _____

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