IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 80766 PIN# 4706618011 DATE May 25 99

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

ADDRESS 155 Stanley Rd Statesville NC

LOCATION 90W Box 1439 on Left Past Liptrap ~~Spring~~ Rd Farm Rd

SUBDIVISION _____ BLOCK / SECTION _____ LOT 34 LOT AREA .5 Ac. SITE CLASS. P3 DESIGN FLOW 360 L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 794 Date 1-19-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5@80ft Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: ☐ I ☒ III, IV, V, VI
System Description: Conv GRAVITY
Repair System Description: GRAVITY 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home SW No. Bathrooms 1½
☐ Business No. Employees _____
☐ Other _____

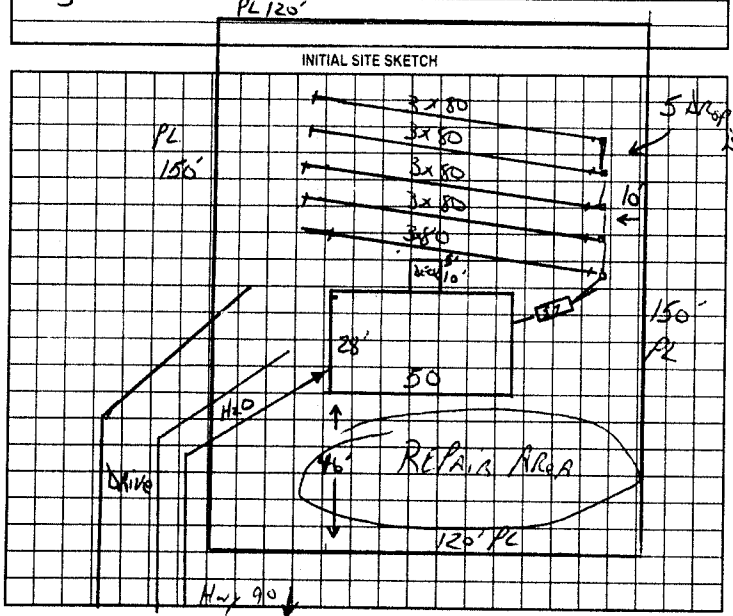
Gravel Depth 12"
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

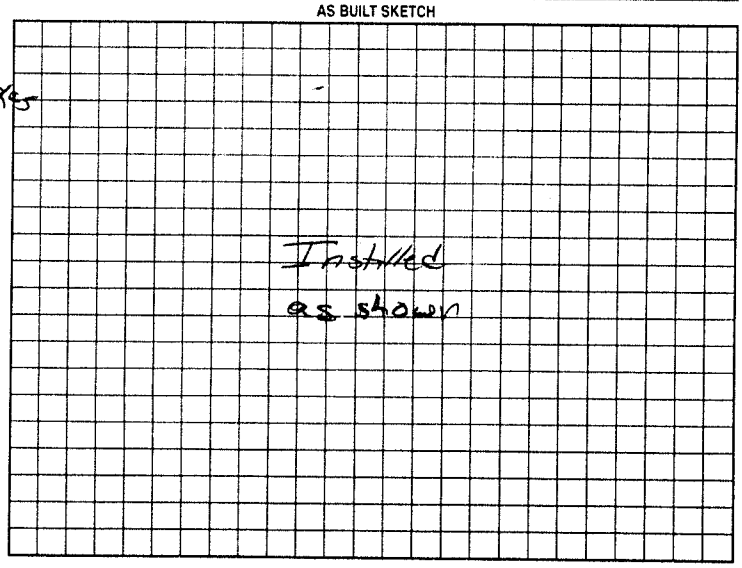
Comments/Conditions: Call 928-2030 Before Installing
Flags on Site Are NOT on Contour

Comments /Conditions
Lines put on contour

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: James D Snead date 5/25/99 Installed by: James Hudler

Improvement Permit by: Jc Potter date 525 99 Operation Permit by: Mark Coffey date 6-15-99

Authorization to Construct by: Jc Potter date 525 99 Existing System Inspection by: _____ date _____

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