IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (CI) MOORESVILLE 704-664-5281

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

PERMIT# 115530 PIN# 4706-69-~~3575.001~~ 1594 DATE 9/25/03

OWNER OR CONTRACTOR Samantha West PHONE: Business – Home (704)585-9513

ADDRESS 232 Antietam Rd Statesville, N.C. 28625

LOCATION Hwy 90 West, (R) Antietam Rd, cross RR tracks 3rd Drive on the right

SUBDIVISION – BLOCK / SECTION – LOT – LOT AREA 2.0 Ac. SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. .30 gpd/ft²

Septic Tank: 4000 Gallons; STB 786 Date 6-22-03

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI

System Description: Gravity, Conventional

Repair System Description: Gravity, 50% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions:

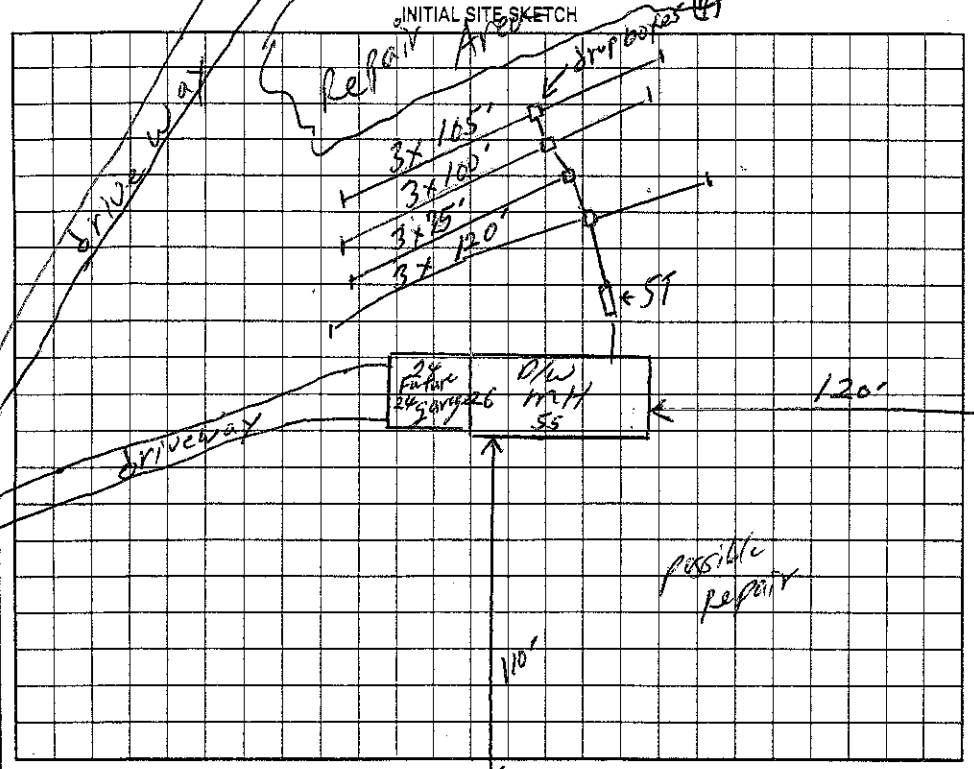
① Install Liner on Contour

326.04 PL

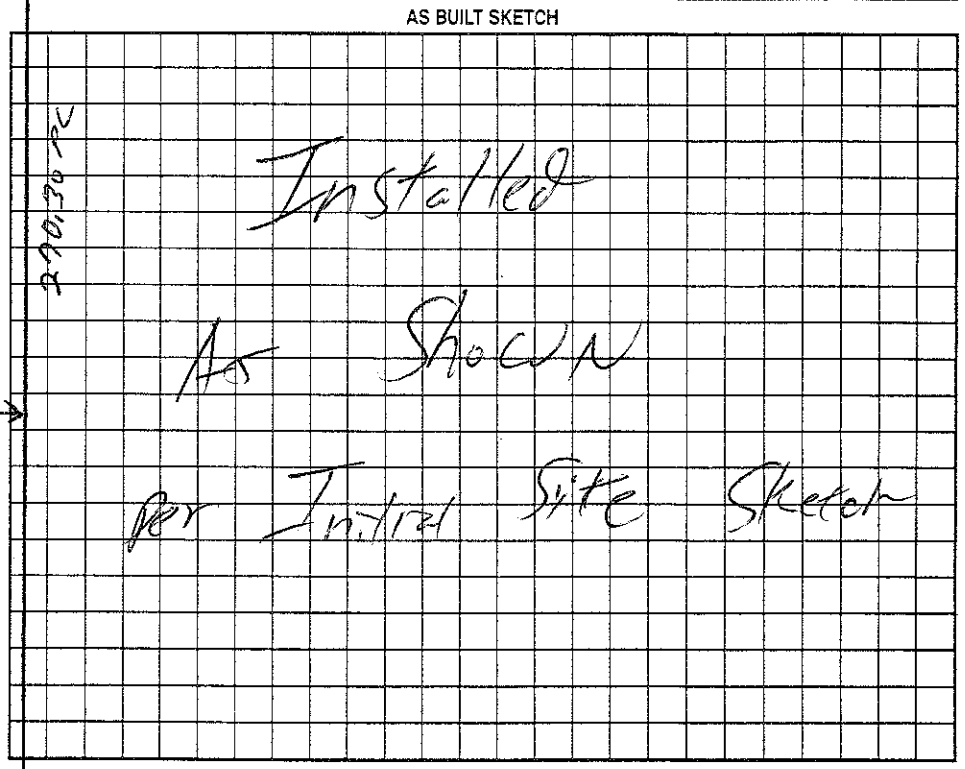
Comments:/Conditions:

- Poly Ice Filter + ST Marker Installed

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: Samantha J. West date 9/25/03

Improvement Permit by: William O. Johnson date 9/25/03

Authorization to Construct by: William O. Johnson date 9/25/03

Installed by: Kanupp Grading

Operation Permit by: William O. Johnson date 10-16-03

Existing System Inspection by: _____ date _____

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