3:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE October 10, 2000

PERMIT# 091865 PIN# 4708 38 4104 (pt)

OWNER OR CONTRACTOR Sheila Keaton PHONE: Business 876-0409 Home

ADDRESS 724 Harris Bridge Rd. Statesville N.C. 28678

LOCATION Midway Road Turn on Harris Bridge Rd. X Creek on Right

SUBDIVISION BLOCK / SECTION LOT LOT AREA ±.635 AC SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. ~.35

Septic Tank: 1000 Gallons: STB 1017 Date 8/22/00

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 5 Trench Width 36" Max Trench Bottom Depth ~24" Gravel Depth 12"

☑ New System ☐ Repair System Type: I II III IV V VI

System Description: Gravity conventional

Repair System Description: Grav/Conv/Innovative

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

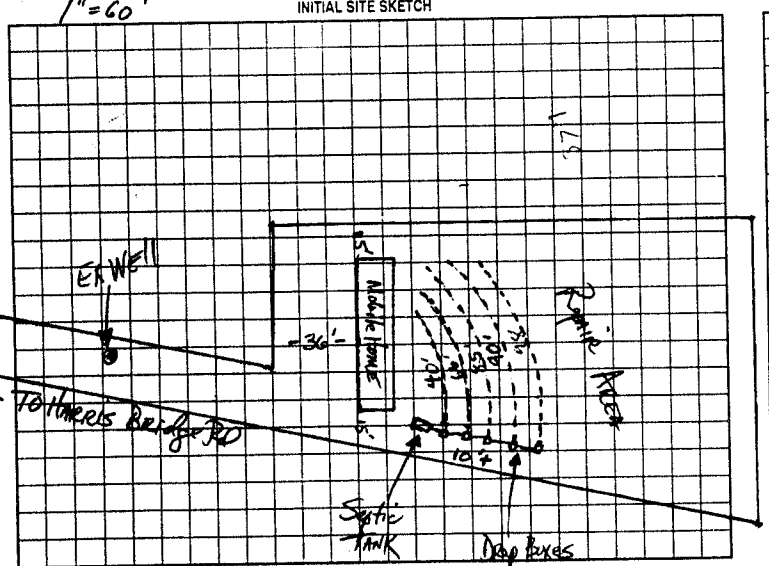
Water Supply: ☑ Individual existing ☐ Public ☐ Community

Comments/Conditions: Public (Iredell Water Corp) Water Available. Existing well can be used. If a new well is drilled it shall be 100' minimum from Septic System

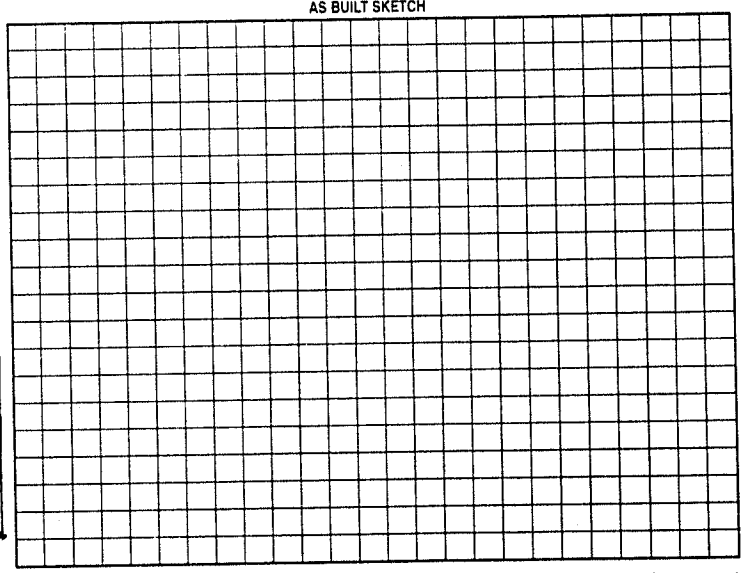
Comments/Conditions:

1"=60'

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: Dennis Walker date 10-10-00 Installed by: A-1 Backhoe

Improvement Permit by: RS date 10-10-00 Operation Permit by: RS date 10/16/00

Authorization to Construct by: RS date 10-10-00 Existing System Inspection by: date

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

10-10-00