IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 087265 PIN# 4709 13 5257 DATE 1-20-00

OWNER OR CONTRACTOR JAMES RAY SUMMERS PHONE: Business Home 876-4309

ADDRESS 110 KINGSDALE DR. STATESVILLE, NC 28625

LOCATION NC 115 N, TL PISGAH ROAD, TL HARRIS BRIDGE RD, TR BRANTON FARM RD, MH ON (R) AT RAYMOND LANE AT ALEXANDER COUNTY LINE

SUBDIVISION BAXTER MILLS BLOCK / SECTION LOT 6 LOT AREA 5.5 ACRES SITE CLASS PS DESIGN FLOW 240 L.T.A.R. 0.30 GAD/FT²

Septic Tank: 1000 Gallons; STB 1007 Date 10-18-99
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270
No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

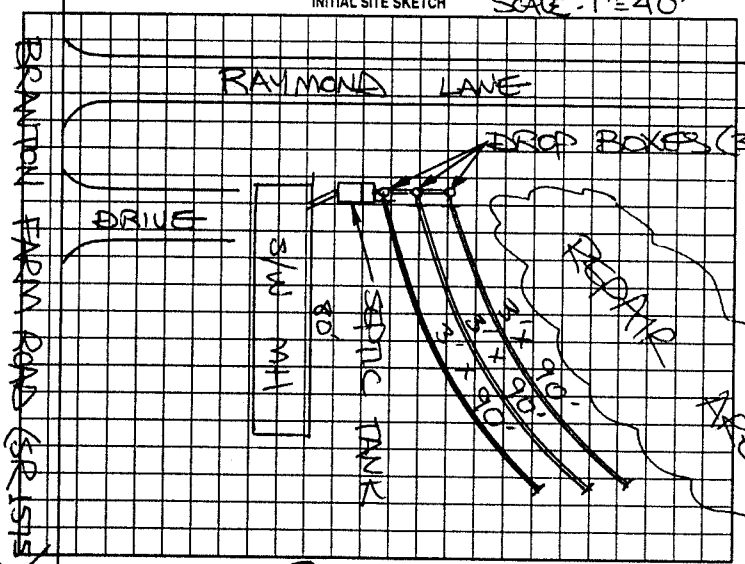
☐ House/Mod. Home No. Bedrooms 2
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

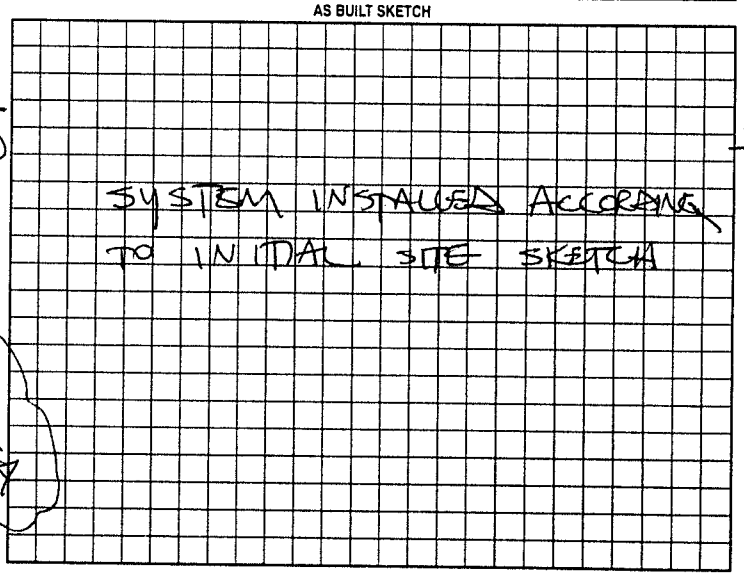
Comments:/Conditions:

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "ZABEL" FILTER

INITIAL SITE SKETCH SCALE: 1"=40'



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: [signature] date 1-20-00 Installed by: SCOTT GREENE

Improvement Permit by: STEVE HEDRICK date 1-20-00 Operation Permit by: STEVE HEDRICK date 1-27-00

Authorization to Construct by: STEVE HEDRICK date 1-20-00 Existing System Inspection by: date

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