IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 109007 PIN# 4712-09-1497 DATE 09/30/02

OWNER OR CONTRACTOR KELLY HARRIS PHONE Business _____ Home 704-924-7973

ADDRESS [redacted] 137 VIRGILS PLACE DR. STATESVILLE, NC 28677

LOCATION OLD MOUNTAIN RD SOUTH, (R) LEWIS FERRY RD., (L) PINEDELL ACRES RD, @ END ON RIGHT DOWN VIRGILS PLACE DR.

SUBDIVISION HARRIS PROPERTY BLOCK / SECTION _____ LOT 2 LOT AREA 2.017 ACRES SITE CLASS PS DESIGN FLOW 360 GPD L.T.A.R. 0.30 EXISTING

Septic Tank: 1,000 Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: EXISTING SYSTEM Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1,200 Linear Feet 400

No Lines 4 x 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: EXISTING GRAVEL

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes X No

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

X House/Mod. Home X Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

Water Supply: X Individual ☐ [redacted] ☐ Community NEIGHBORING WELL

Comments/Conditions:

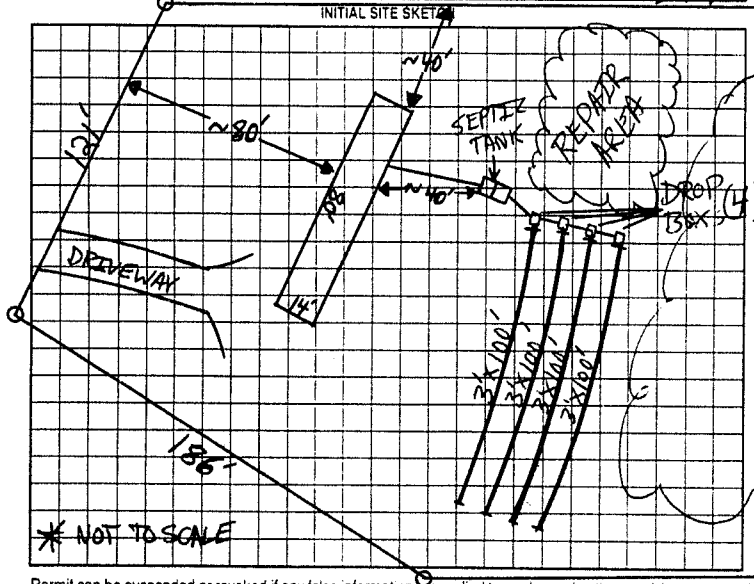
EXISTING SYSTEM

379'

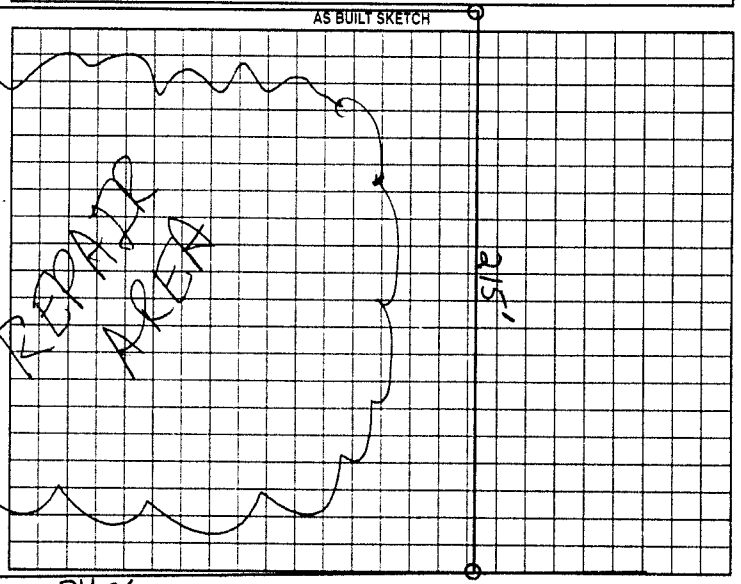
Comments/Conditions:

- SYSTEM WORKING PROPERLY 09/30/02 pm

INITIAL SITE SKETCH



AS BUILT SKETCH



340'

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: _____ date _____ Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Patrick Mitchell date 09/30/02

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