IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 80759 PIN# 4712098152 DATE May 6, 99

OWNER OR CONTRACTOR GARY HARRIS PHONE: Business _____ Home 592 4385

ADDRESS 207 Kennington Ln Statesville NC

LOCATION E Lewis Ferry To Pinedell Ac follow to End drive on Right Virgils PL follow left to end

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2AC SITE CLASS P.S. DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 1-21-00
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: IA Conv.
Repair System Description: 25-50% Reduction / Pump
Maintenance Agreement Required: ☐ Yes ☒ No

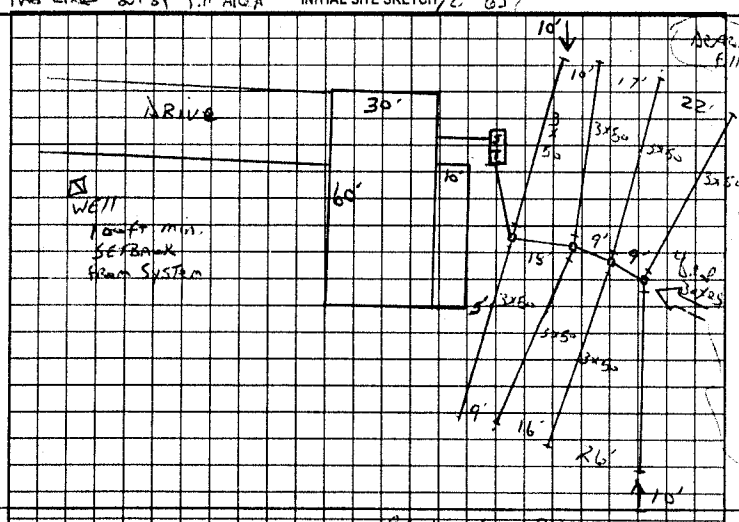
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

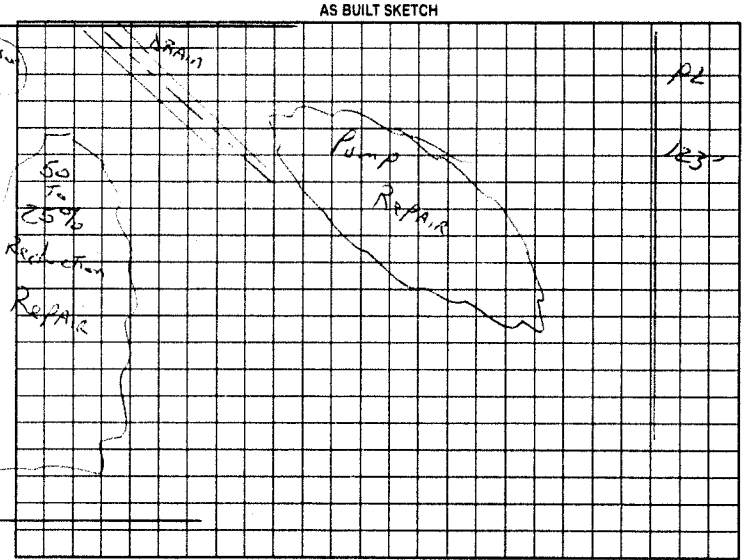
Comments/Conditions: Install Lines on Contour
Center drop boxes. Spread level To Allow lines To fill
~~Locate Septic Tank To Allow End~~ Keep End of Septic Lines
10' From Right Side Property Line As Possible To Keep LAST
Two Lines out of fill Area

Comments/Conditions: Installed as shown

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: _____ date 5-10-99 Installed by: David Yountz

Improvement Permit by: L. Potter date 5 6 99 Operation Permit by: Mary Coffey RS date 5-26-00

Authorization to Construct by: L. Potter date 5 6 99 Existing System Inspection by: _____ date _____

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