IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 075879 PIN# 4713 15 2104 PT DATE 9/1/00

OWNER OR CONTRACTOR Jerry Price PHONE: Business _____ Home 878-0330

ADDRESS 239 E. Lewis Ferry Rd. Statesville NC 28677

LOCATION 40W, L Old Mt. Rd, TR E. Lewis Ferry, On Lt at Box 259

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 1.00 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1017 Date 6-13-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

X New System ☐ Repair System Type I (II) III IV V VI
System Description: Gravity Conventional
Repair System Description: Gravity 25% Red
Maintenance Agreement Required: ☐ Yes X No
Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

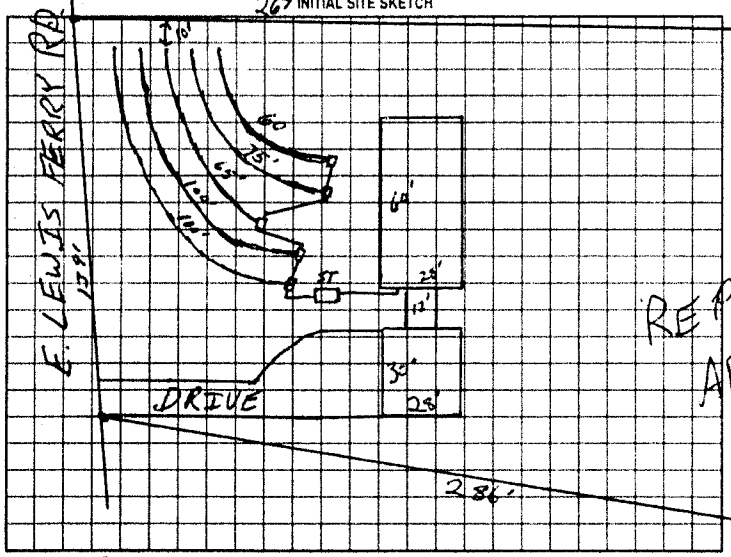
X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other

Water Supply: ☐ Individual X Public ☐ Community

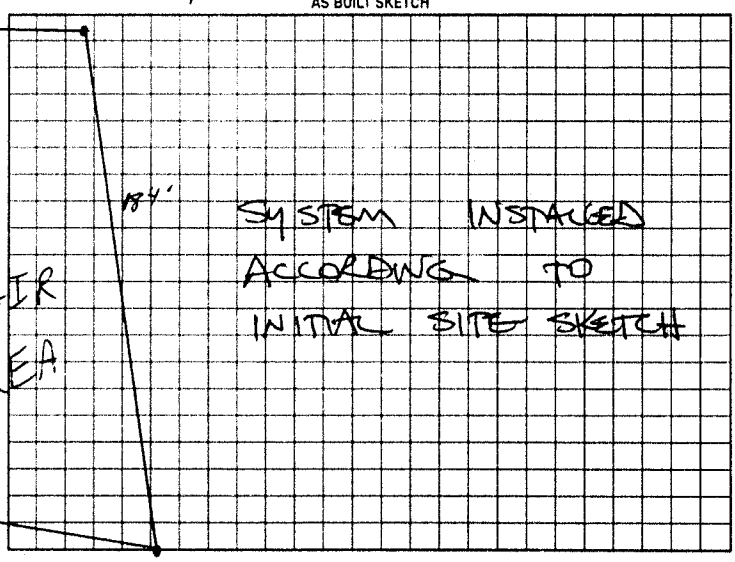
Comments/Conditions: Install Lines on Contour
Drop Boxes

Comments Conditions: ① SEPTIC TANK W/ MARKER INSTALLED USING "POLYLOK" FILTER ② CHROMA 2 MOTTLING NOTED IN TRENCH SIDEWALLS, FUTURE REPAIR MAY REQUIRE SUBSURFACE INTERCEPT DRAIN.

267' 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: [signature] date 9-5-00 Installed by: DALE WINGLER

Improvement Permit by: [signature] REHS date 9/11/00 Operation Permit by: STEVE HEDRICK date 9-12-00

Authorization to Construct by: [signature] REHS date 9/11/00 Existing System Inspection by: _____ date _____

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