IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 093705 PIN# 4713149886 DATE 01-23-01

OWNER OR CONTRACTOR BEN PRICE PHONE: Business _____ Home 878-0330

ADDRESS 239 LEWIS FERRY RD STATESVILLE, NC 28677

LOCATION 70W, OMR, R LEWIS FERRY, 3/4 MILE on LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 6.82 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 9-19-00
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I (II) III. IV. V. VI
System Description: CONV GRAVITY
Repair System Description: CONV GRAVITY
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth 12" ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

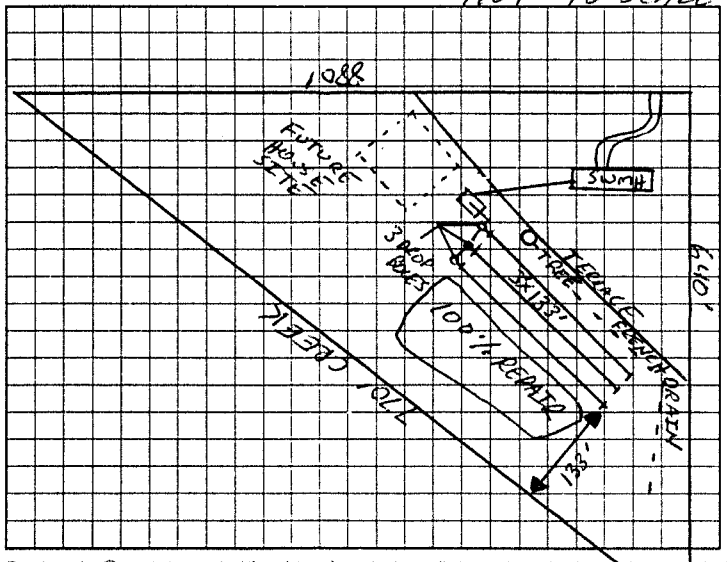
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home NEW No. Bathrooms 2
☐ Business No. Employees _____
☐ Other FUTURE 3BR HOME

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: (1) INSTALL LINES ON CONTOUR (2) START FRENCH DRAIN 10'+/- to right of tree & bring to daylight. (3) FRENCH DRAIN MUST BE AT LEAST 48" DEEP (4) KEEP SYSTEM 10' BELOW 715' FROM THE END OF

Comments/Conditions: FRENCH DRAIN (5) SYSTEM IS SIZED FOR FUTURE 3 Bedroom HOME with grinder pump in basement.

INITIAL SITE SKETCH NOT TO SCALE



AS BUILT SKETCH

INSTALLED AS SHOWN USED POLYLOK FITTER

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 1-24-01 Installed by: DALE WINGLER

Improvement Permit by: _____ date 01-23-01 Operation Permit by: _____ date 01-25-01

Authorization to Construct by: _____ date 01-23-01 Existing System Inspection by: _____ date _____

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