CI/CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 105 730 PIN# 4713-17-0770 DATE 05-01-02

OWNER OR CONTRACTOR EDASON ALEXANDER PHONE: Business Home 704 878-2954

ADDRESS 1681 OLD MT RD STATESVILLE NC 28677

LOCATION 70E, (L) OMR, (R) 2ND DRIVE ON RT

SUBDIVISION BLOCK / SECTION LOT LOT AREA 3.32 AC SITE CLASS PS DESIGN FLOW 360 LTAR .3

Septic Tank: 1000 Gallons: STB 160 Date 7-18-02

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'

No Lines 4X100' 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 CONV GRAV

Repair System Description: SAME

Maintenance Agreement Required: Yes X No

House/Mod Home No Bedrooms 3

Mobile Home No Bathrooms 2

Business No Employees

Other

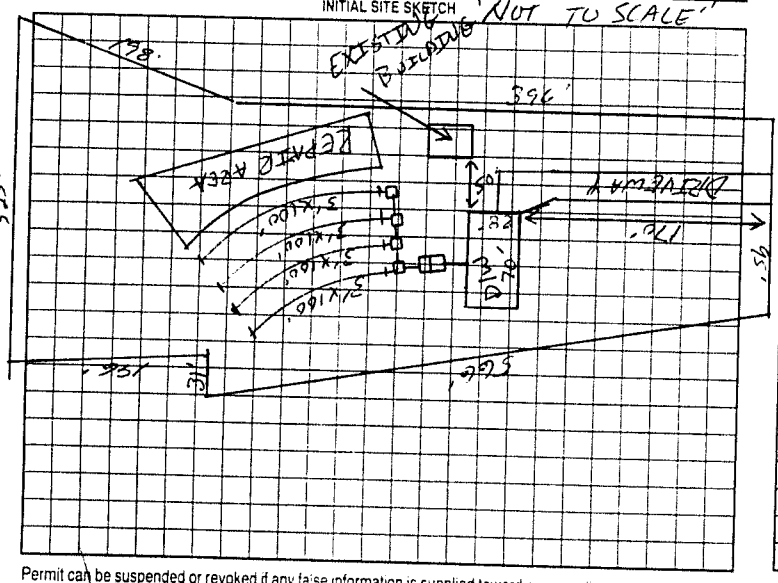
Slab X Crawl Space Basement w/plumbing Basement wo/plumbing

Water Supply: Individual X Public Community

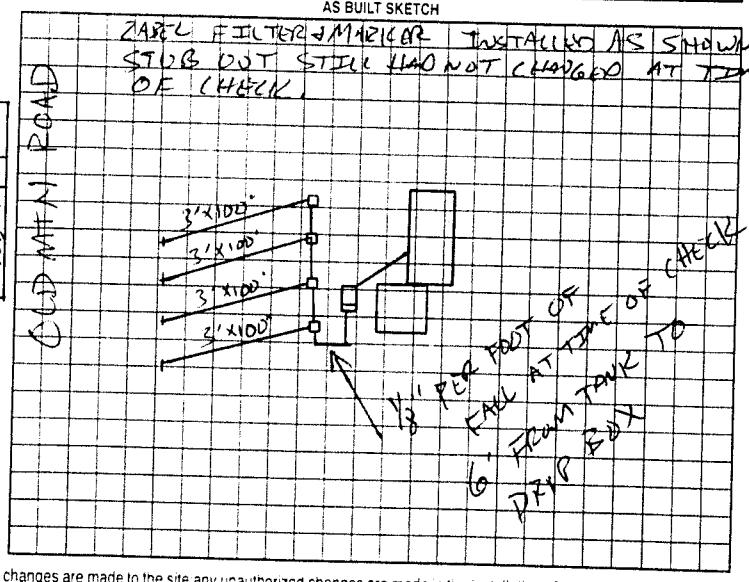
Comments/Conditions: (1) HOUSE & LINES ARE FLAGGED OUT ENTIRELY (2) INSTALL LINES ON CONTOURS (3) MAINTAIN SET BACKS (4) BALL OF P/V IS Straight with front of bldg as drawn.

Comments/Conditions: (1) MET SEPTIC INSTALLER ON 9-23-02. NEED TO REDO STUBOUT AS DRAWN.

INITIAL SITE SKETCH "NOT TO SCALE"



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: Virginia Alexander date 7/24/02 Installed by: LEATHERMAN SEPTIC TANK

Improvement Permit by: date 05-21-02 Operation Permit by: date 10-2-02

Authorization to Construct by: date 05-21-02 Existing System Inspection by: date

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