IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094727 PIN# 4713 20 5211 DATE 3/8/01

OWNER OR CONTRACTOR ROBERT DYSON PHONE: Business _____ Home (704) 873-8092

ADDRESS 137 BELINDA LP., STATESVILLE, NC 28677

LOCATION 40 W. EXIT 144 (L) OLD MTN. RD. (R) CELESTE EUFOLA (L) 1m ON (R)

SUBDIVISION _____ BLOCK / SECTION _____ LOT [redacted] LOT AREA 1.0 Ac SITE CLASS PS DESIGN FLOW 360 GPD L.T.A.R. .35

Septic Tank: 1000 Gallons: STB 1012 Date 4-15-02
Pump Tank: 1000 Gallons: ~~STB~~ 1012 Date 4-15-02
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'
No Lines 3 Trench Width 3' Max Trench Bottom Depth 36"

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

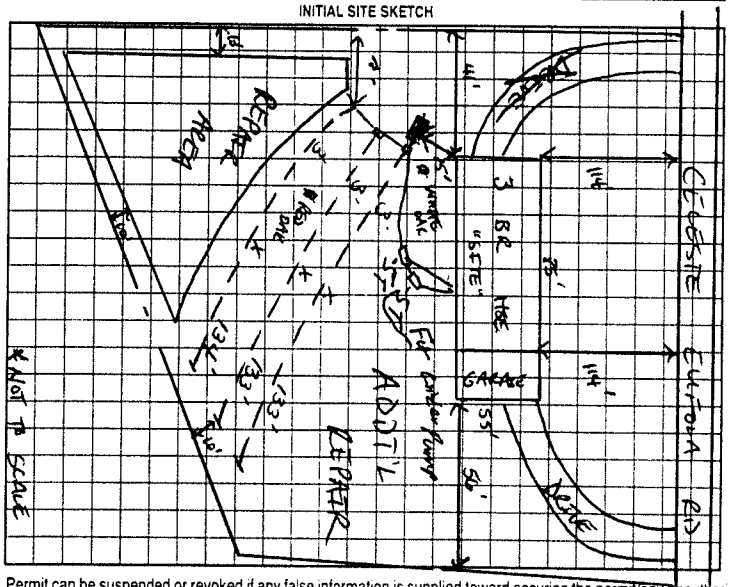
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: (1) NO CUTTING OR FILLING OVER DRAINFIELD/REPAIR AREAS (2) KEEP ALL DRAINS AWAY FROM DRAINFIELD/REPAIR AREAS (3) MAINTAIN SETBACKS (4) INSTALL DRAINLINES UNIFORM AND ON CONTOUR

Comments:/Conditions: Okay to split Feed lines + may share tank per HC engineer Gary 100 Install Top S.T. for future grinder pump for 2 bath W basement

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Shown per Initial Site 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: Robert J Dyson date _____

Improvement Permit by: Susan Shinn date 3/8/01

Authorization to Construct by: Susan Shinn date 3/8/01

Installed by: Dale Wingler

Operation Permit by: William C Johnson date 6/24/02

Existing System Inspection by: _____ date _____

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