IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 092797 PIN# 4713 54 8873 DATE 1/25/01

OWNER OR CONTRACTOR BILLY RAY DISHMAN PHONE: Business _____ Home 873-6902

ADDRESS 1436 OLD MOUNTAIN RD., STATESVILLE, NC 28677

LOCATION I-40 TO OLD MTN RD. (EX. 144) (L) (X) OVER 70 ≈ 2mi ON (L) ACROSS FROM TRINITY BAPTIST CHURCH

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1 Ac. SITE CLASS PS DESIGN FLOW 360 GPD L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date _____
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 3' Max Trench Bottom Depth 24" Gravel Depth 12"

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

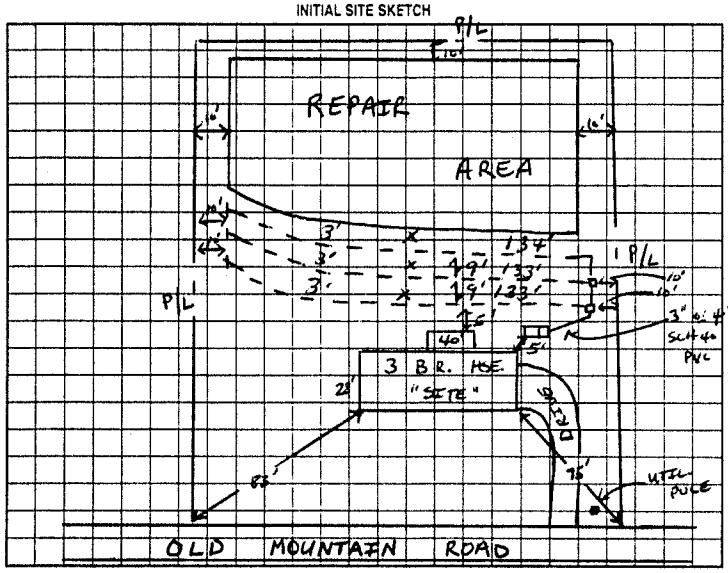
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

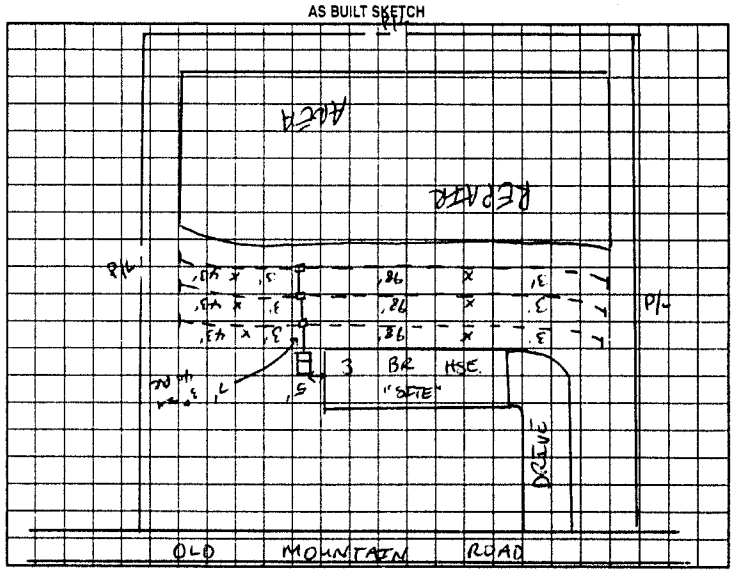
Comments/Conditions: (1) NO CUTTING OR FELLING OVER DRAINFIELD/REPAIR AREAS (2) KEEP ALL DRAINS AWAY FROM DRAINFIELD/REPAIR AREA (3) MAINTAIN ALL NOTED SETBACKS.

Comments/Conditions: (1) NO CUTTING OR FELLING OVER DRAINFIELD AREAS (2) KEEP ALL DRAINS AWAY FROM DRAINFIELD AREAS (3) PUMP SEPTIC TANK EVERY 3-5 YRS.

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: Steve Lapie date _____ Installed by: A-1 GRADING

Improvement Permit by: Dewey Shinn date 1/25/01 Operation Permit by: Dewey Shinn date 1/29/01

Authorization to Construct by: Dewey Shinn date 1/25/01 Existing System Inspection by: _____ date _____

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