IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# 4713-71-2275 DATE 07/05/02

OWNER OR CONTRACTOR Vicki Forness PHONE: Business _____ Home 704-873-9264

ADDRESS 196 Pleasant Drive Statesville, NC 28677

LOCATION 70 W, (TL) Old Mtn Rd, (TR) Pleasant Dr, Just before Cul de Sac on Right.

SUBDIVISION Warren Est. BLOCK / SECTION _____ LOT 19 LOT AREA 1.10 Acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30

Septic Tank: 1,000 Gallons: STB EXISTING Date _____
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields I Square Feet 900 Linear Feet 300
No Lines 3x100' Trench Width 36" Max Trench Bottom Depth 36"

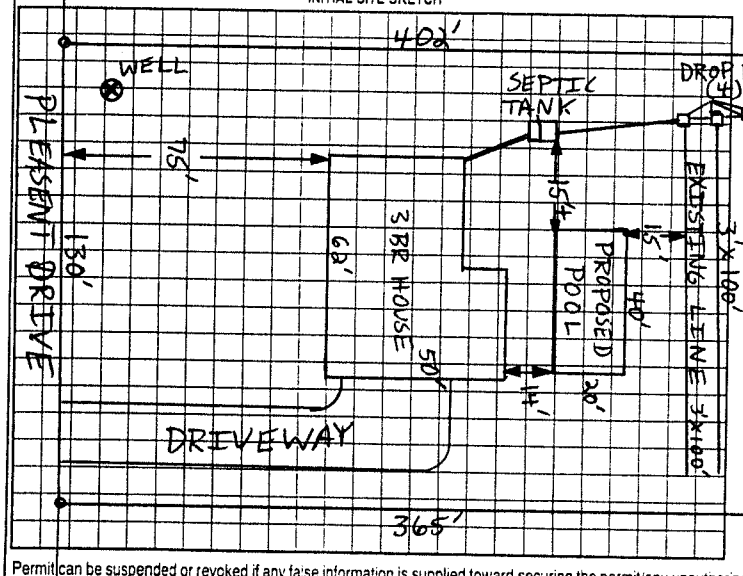
X New System ☐ Repair System Type: I (II) III IV V VI
System Description: Conventional, Gravity
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes X No
Gravel Depth 12" ☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

Water Supply: X Individual ☐ Public ☐ Community WELL

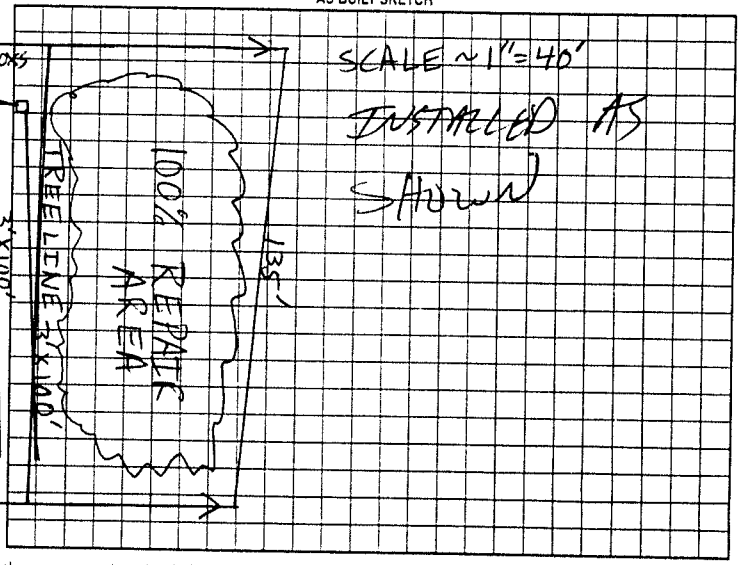
Comments/Conditions: ① Eliminate first three lines and remove drop boxs. Use last line and add 3 100 ft. lines onto the end. ② Keep system at least 15 feet from pool. ③ Keep system 10 feet from property lines.

INITIAL SITE SKETCH



Comments/Conditions: X CHECKED FIRST TWO LINES. HOME OWNER MET me & showed that the system is at least 10' off P/L since it wasn't marked. LC 7-22-02
7-29-02 V'D LAST LINE. OK LC

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: Vicki Forness date 7-22-02 Installed by: ROBBIE BROWN

Improvement Permit by: Patrick Mitchell date 07/05/02 Operation Permit by: [signature] date 7-29-02

Authorization to Construct by: Patrick Mitchell date 07/05/02 Existing System Inspection by: _____ date _____

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