IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (I) MOORESVILLE 704-664-5281

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

PERMIT# 87469 PIN# 4713 70 9827 PT

OWNER OR CONTRACTOR Katherine Asbury PHONE: Business _____ DATE Feb 1 2000

ADDRESS 183 Pleasant Dr Statesville NC Home 873-0147

LOCATION Old MTRd South (R) Pleasant Dr (L) Train Lane on Left

SUBDIVISION Warren Estates BLOCK / SECTION _____ LOT 13 LOT AREA 1 Ac SITE CLASS PS DESIGN FLOW 246 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 794 Date 5-18-02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 330
No Lines 3 @ 110 Trench Width 36" Max Trench Bottom Depth 30"

☒ New System ☐ Repair System Type: I (II) III IV V VI
System Description: Conv Gravity
Repair System Description: Same or Pump w/Reduction
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth 12"

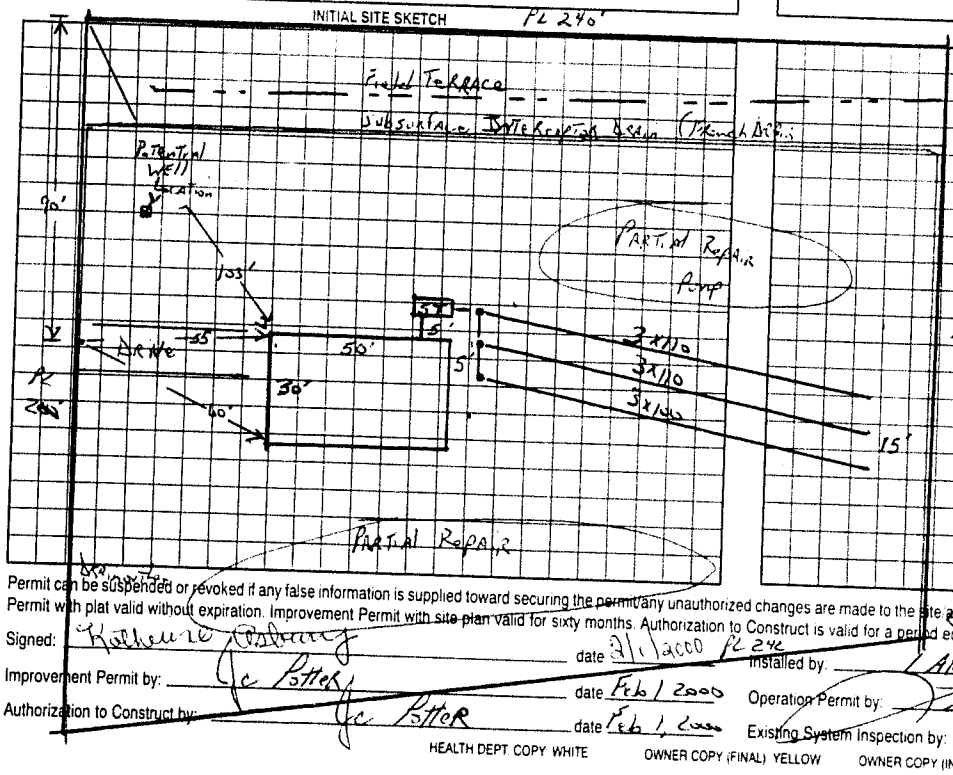
☒ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

Comments/Conditions: French Drain depth At 42" To daylight Locate Subsurface drain At Foot of Field Terrace mound. Install lines on Contour. * Call 928-2030 To meet + discuss Installation of French drain Locate well 100ft From septic System or MAX feasible distance (50 Ft min)

Comments/Conditions: _____

INITIAL SITE SKETCH PL 240'



AS BUILT SKETCH

NEED TO CHECK FRENCH DRAIN, MUST BE PUT 15' off ends of lines (on property line) to be correctly installed

✓'D = OK

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: Katherine Asbury date 2/1/2000 PL 240

Improvement Permit by: J.C. Potter date Feb 1 2000 Installed by: LARRY TUCKER

Authorization to Construct by: J.C. Potter date Feb 1, 2000 Operation Permit by: [signature] RS date 04-23-02

Existing System Inspection by: _____ date _____

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