IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 095434 PIN# 4713 98 8005 DATE 4/9/01

OWNER OR CONTRACTOR PHILLIP SPEAKS PHONE: Business _____ Home _____

ADDRESS 339 BETHLEHAM RD., STATESVILLE, NC 28677

LOCATION I-40 W ① STAMEY FARM RD., X-OVER HWY 70 TO BETHLEHAM RD. ≈ 1 mi. ON ④ FN CURVE

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA .75 Ac. SITE CLASS: PS DESIGN FLOW 300 GPD L.T.A.R. .30

Septic Tank: EXISTING Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 300 Linear Feet 100'

No Lines 1 Trench Width 3' Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: CONVENTIONAL

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

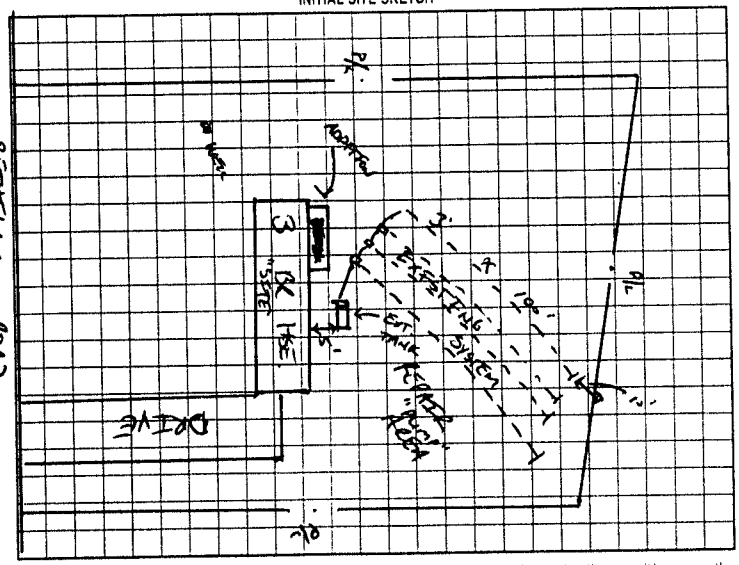
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

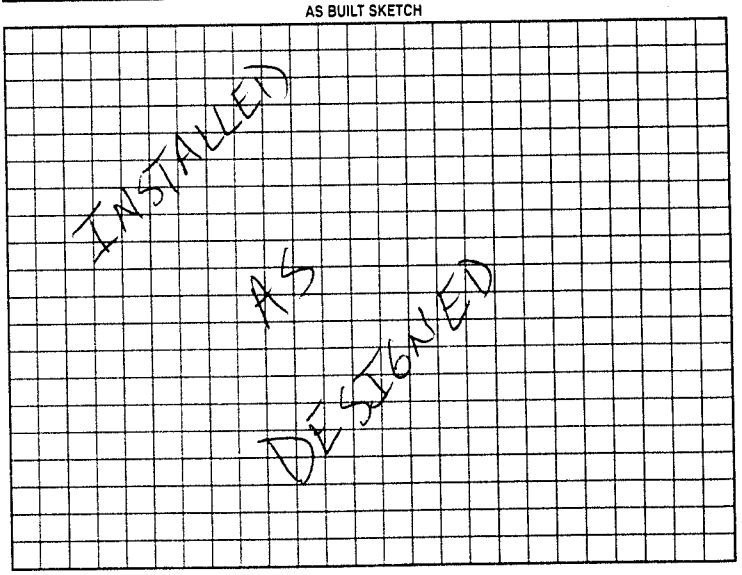
Comments/Conditions: ① NO CUTTING OR FELLING OVER DRAINFIELD AREAS ② KEEP ALL DRAINS AWAY FROM DRAINFIELD AREAS ③ MAINTAIN NOTED SETBACKS ④ INSTALL DRAINLINE UNIFORM AND ON CONTOUR

Comments/Conditions: ① 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: Phillip Speaks date _____

Improvement Permit by: [signature] date 4/9/01

Authorization to Construct by: [signature] date 4/9/01

Installed by: IKES LYTTON

Operation Permit by: [signature] date 5/16/01

Existing System Inspection by: [signature] date 4/9/01

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