IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 81094 PIN# 4714031465

OWNER OR CONTRACTOR Boyd & Nancy Boggs PHONE: Business _____ Home 878 2669 DATE 5-10-99

ADDRESS P.O. Box 5541 Statesville, NC 28

LOCATION I-40 W (R) Old NC Rd (R) Larue Circle Road on right in curve House on left in front

SUBDIVISION _____ BLOCK / SECTION _____ LOT 16 - 19 LOT AREA 4.17 ± Ac. SITE CLASS A-5 DESIGN FLOW 360 L.T.A.R. 1.3

Septic Tank: 1000 Gallons; STB 1012 Date 10-17-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5 > 50 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I. II. III. IV. V. VI
System Description: Gravity Conv
Repair System Description: _____
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 _____

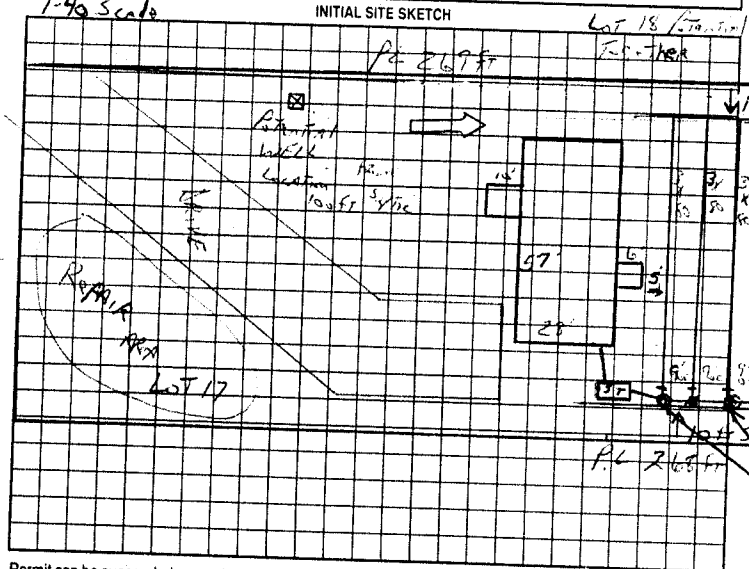
Water Supply: ☒ Individual ☐ Public ☐ Community
LWL??

Comments/Conditions: Keep well 100 ft from Septic System

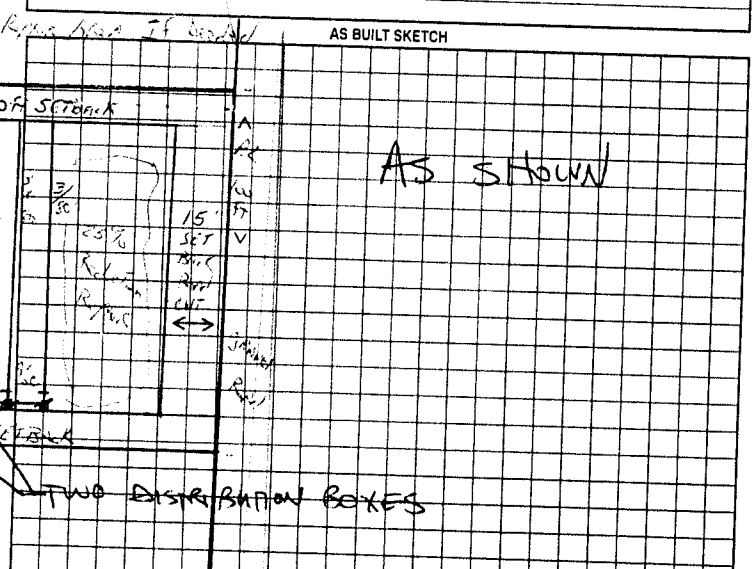
Comments/Conditions: SEPTIC TANK WITH RISERS INSTALLED USING "POLYLOK" FILTER

1"=40' Scale

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: Bazel Spicer date 5-10-99

Improvement Permit by: C. Potter date 5-10-99

Authorization to Construct by: C. Potter date 5-10-99

Installed by: STEVE JORDAN

Operation Permit by: STEVE HENRICK date 12-8-99

Existing System Inspection by: _____ date _____

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