CF FRANK BAILEY

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103832 PIN# 4715-20-3579 DATE 01-10-02

OWNER OR CONTRACTOR Aaron Guy PHONE: Business _____ Home 704-878-9041

ADDRESS 166 Guy Farm Lane Statesville NC 28625

LOCATION 40 W, (R) Stamey, (L) Island Ford, (R) Guy Farm Lane, at end long drive

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.0 SITE CLASS IB DESIGN FLOW 360 L.T.A.R. .13

Septic Tank: 1000 Gallons; STB 1012 Date 8-20-01

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

X New System ☐ Repair System Type: I. (II.) III. IV. V. VI

System Description: CONV GRAV

Repair System Description: PUMP PANEL

Maintenance Agreement Required: ☐ Yes X No

Gravel Depth 15" ☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 3

X Mobile Home (DW) No. Bathrooms 2

☐ Business No. Employees ____

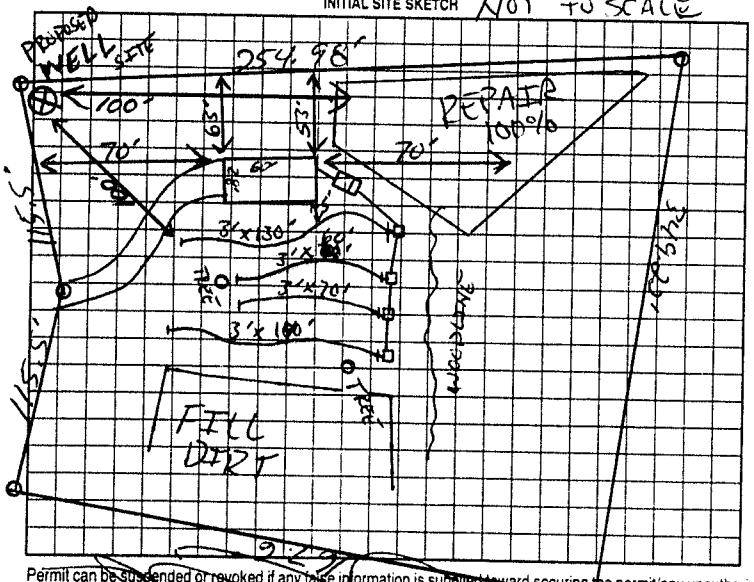
☐ Other _____

Water Supply: X Individual ☐ Public ☐ Community WELL

Comments/Conditions: (1) KEEP SYSTEM ABOVE FILL DIRT (2) MAINTAIN SETBACKS (3) INSTALL LINES ON CONTOUR (4) SYSTEM IS FLAGGED OUT

Comments/Conditions: POLYLOK FILTER SMOKER

INITIAL SITE SKETCH NOT TO SCALE



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: _____ date 1-10-02 Installed by: A-1 BACKHOE

Improvement Permit by: _____ date 01-10-02 Operation Permit by: _____ date 01-16-02

Authorization to Construct by: _____ date 01-10-02 Existing System Inspection by: _____ date _____

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