IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 83536 PIN# 4715345 816 DATE Aug 26 99

OWNER OR CONTRACTOR Allen Jenkins PHONE: Business _____ Home 873 5004

ADDRESS 214 Fieldstone Cr Statesville NC

LOCATION 64 W (L) Woodbridge (R) Loray Lane 1/4 mile on Right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.23 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons: STB 1012 Date 8-5-01
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1028 Linear Feet 258
No Lines 2 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I. II. III. IV. V. VI
System Description: 25% Reduction GRAVITY
Repair System Description: Same / Pump Rest bk
Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

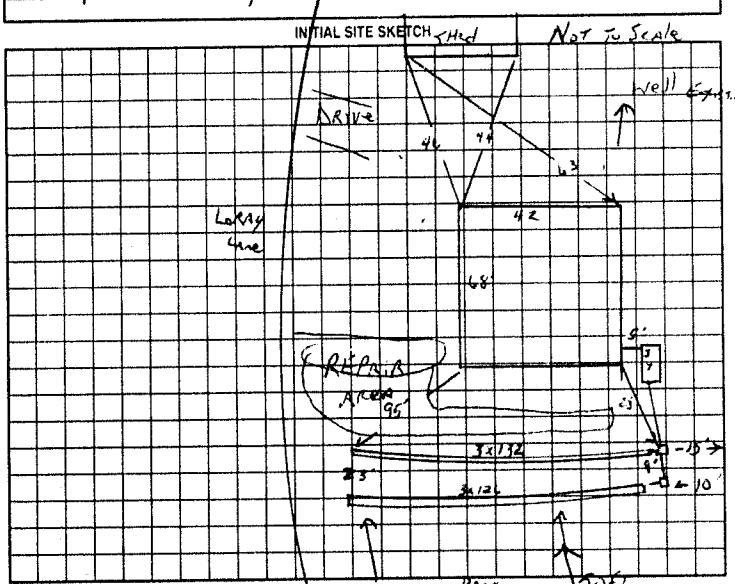
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community
WELL

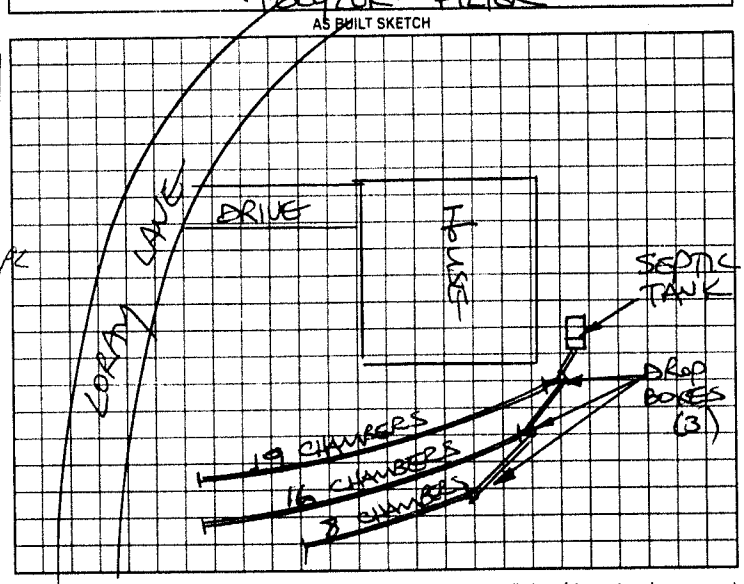
Comments/Conditions: Install Lines on Contour
43 chambers or 26 HDS section
Keep 50ft Away from center of creek with Any Part of Septic System

Comments/Conditions: ① SYSTEM INSTALLED AS SHOWN WITH PRIOR H.D. APPROVAL ② SEPTIC TANK WITH RISERS INSTALLED USING "POLY-LOK" FILTER

INITIAL SITE SKETCH Not To Scale



AS BUILT SKETCH



Permit can be suspended or revoked if any false information was 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: Allen R. Jenkins date 8/31/99

Improvement Permit by: L Potter date 8 26 99

Authorization to Construct by: L Potter date 8-26-99

Installed by: DAVID YOUNTZ

Operation Permit by: STEVE HENDRICK date 10-23-01

Existing System Inspection by: _____ date _____

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