IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 89406 PIN# 4716448583 43-3836 DATE June 1 2000

OWNER OR CONTRACTOR Derek Stevenson PHONE: Business _____ Home 872 5430

ADDRESS 152 Three Oak Ln Statesville NC

LOCATION Hwy 90 W (R) Scotts Creek (R) Stevenson Farm Lot on Left Across from Pond.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 12.45 SITE CLASS. B DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 10-7-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 270

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

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

System Description: Conv. Gravity

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

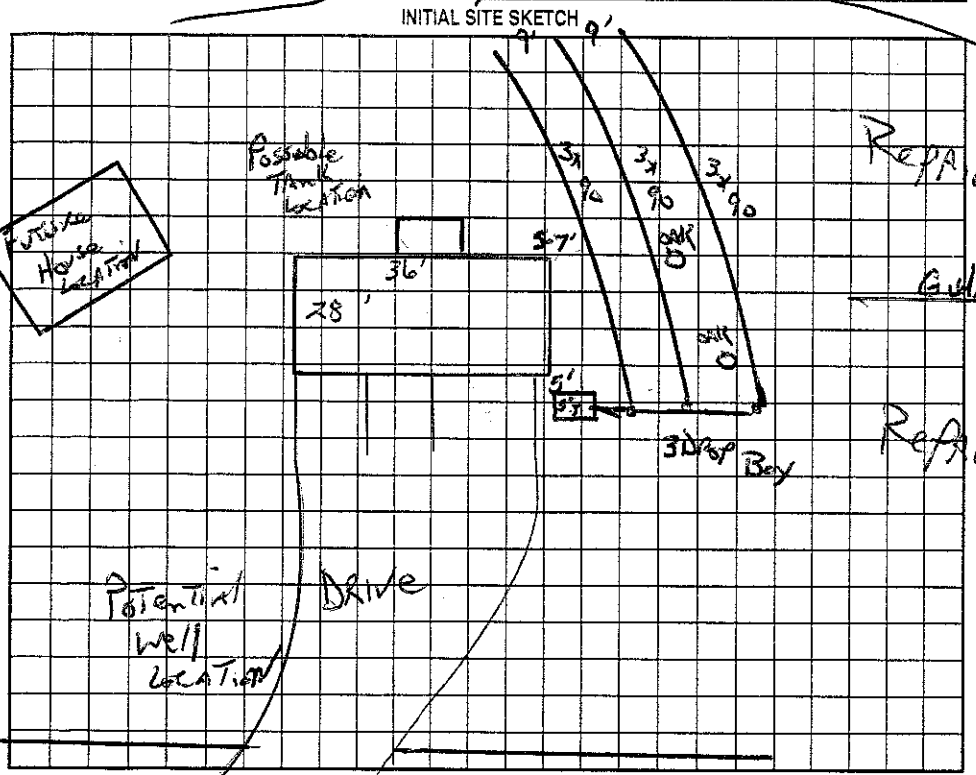
☒ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

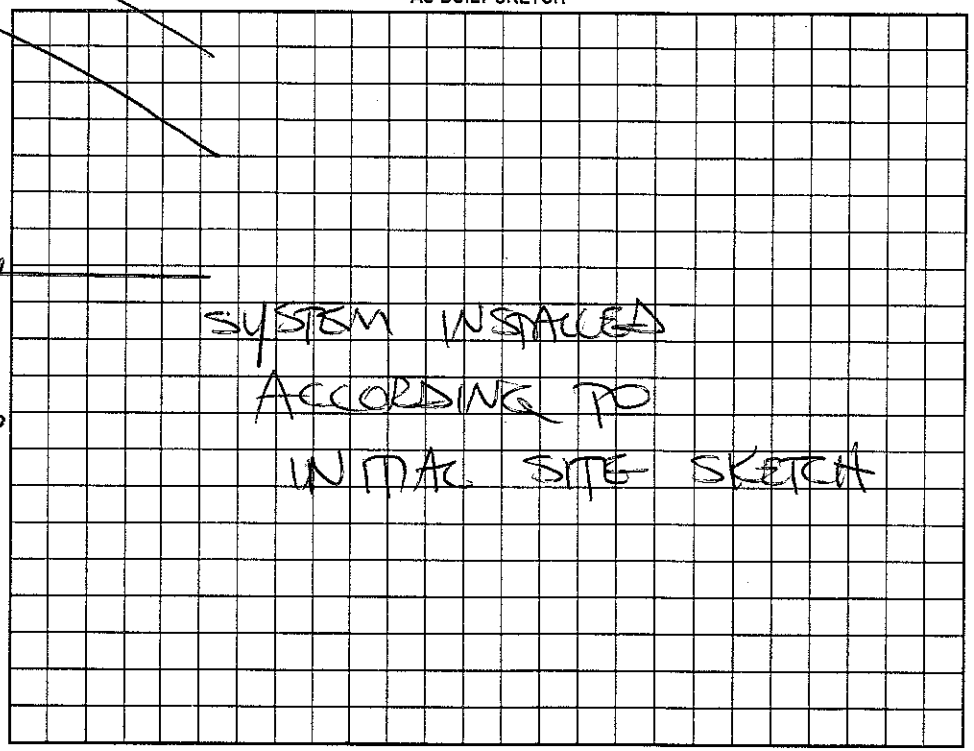
Comments:/Conditions: May Use distribution Box w/Speed levels

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

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: Derek Stevenson date 6-1-00 Installed by: SCOTT GREENE

Improvement Permit by: J. Potter date June 1. 2000 Operation Permit by: STEVE HENDRICK date 11-30-04

Authorization to Construct by: J. Potter date June 1. 2000 Existing System Inspection by: _____ date _____

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