IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 91166 PIN# 4717966936 DATE 8/31/00

OWNER OR CONTRACTOR Danny Ray Mason Jr. PHONE: Business Home (704) 876-2892

ADDRESS 220 Cove Gap Rd Statesville NC 28625

LOCATION 115N, L Mid Way, R Cove Gap, 3rd Driveway on RT

SUBDIVISION ~ BLOCK / SECTION — LOT — LOT AREA 17 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1007 Date 6-11-01
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

X New System ☐ Repair System Type: I (II) III. IV. V. VI
System Description: Gravity Conventional
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes X No

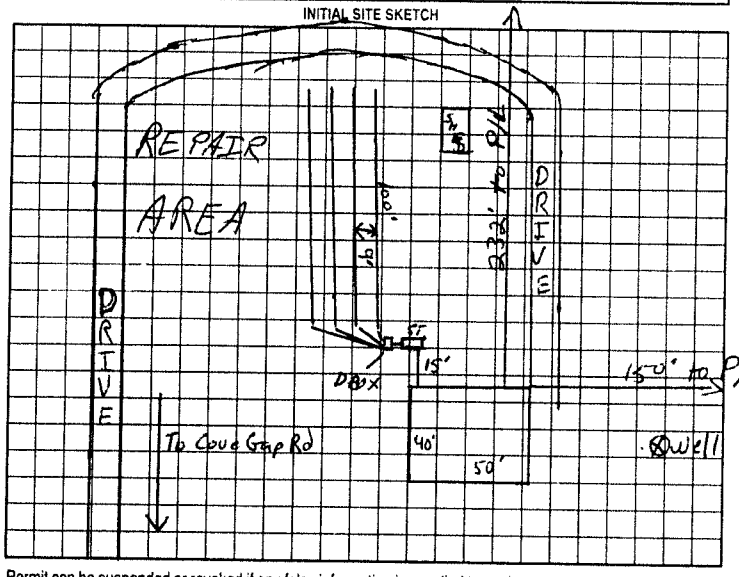
X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other
☐ Slab ☐ Crawl Space X Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

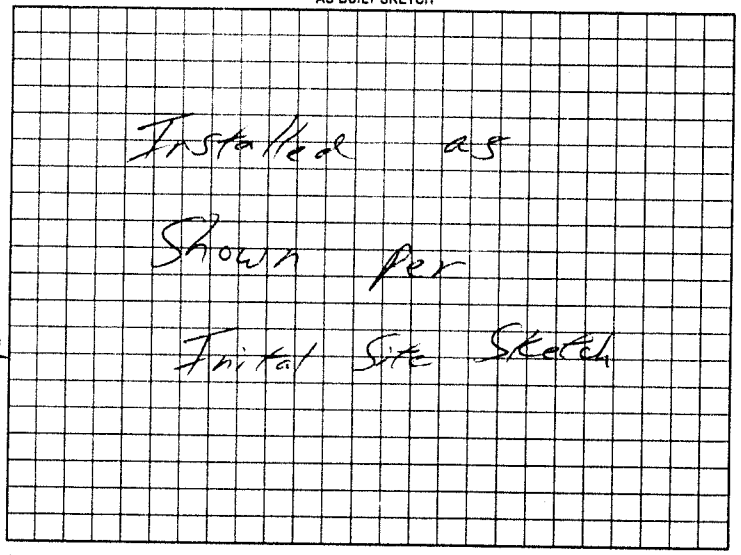
Comments/Conditions: Keep well 100ft from Septic System
Grinder pump in basement to Lift to Septic tank
Not To Scale

Comments/Conditions:
- Polylok filter Installed
- Septic Tank marker installed

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: Julie A. Mason date 9/7/00 Installed by: James Hudler

Improvement Permit by: RSI date 8/31/00 Operation Permit by: William O. Johnson date 8/28/01

Authorization to Construct by: RSI date 8/31/00 Existing System Inspection by: date

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