THIS PERMIT VOIDS PREVIOUS ISSUED 9-2-00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 091926 PIN# 4718 35 0897 (PT) DATE 9-15-00

OWNER OR CONTRACTOR RICKY L. MALSAPS SR PHONE: Business _____ Home 592-2070

ADDRESS 764 MTN. VIEW RD STATESVILLE NC 28625

LOCATION NC 115 N, TL PISGAH CH. RD, BEHIND 2ND LOT ON LEFT BEFORE DISHMAN LANE

SUBDIVISION RICKY MALSAPS BLOCK / SECTION _____ LOT 2 LOT AREA ~1.32 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 4-30-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: ☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

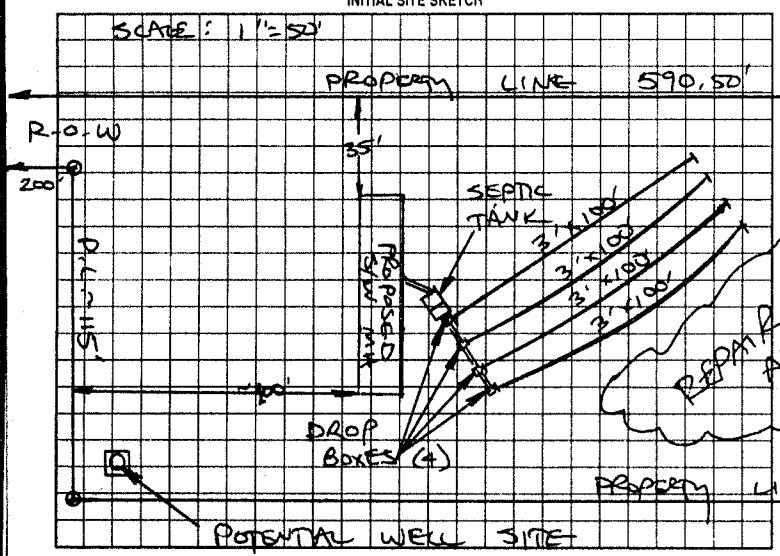
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

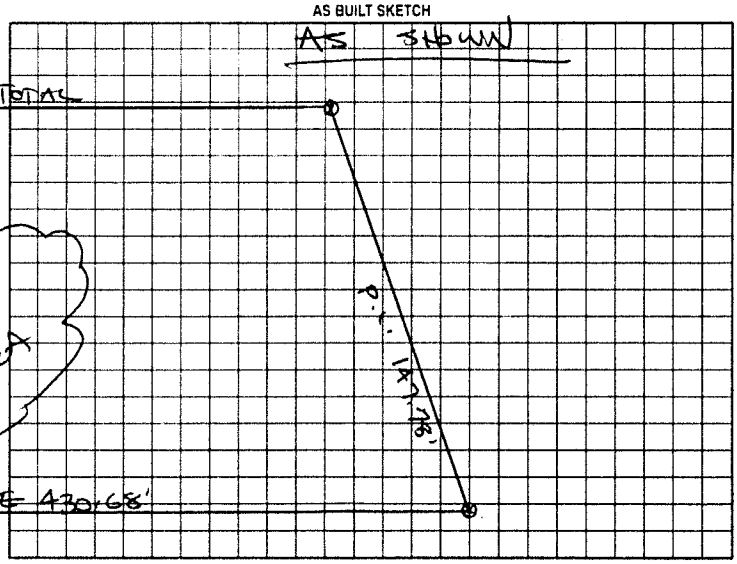
Comments/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL

Comments/Conditions ① UPPER LINE INSTALLED DEEP
② SYSTEM INSTALLED DURING WET SOIL CONDITIONS
③ SEPTIC TANK W/ MARKER INSTALLED USING "ZABEL" 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: Ricky Malsaps date 9-19-00
Improvement Permit by: STEVE HEDRICK date 9-15-00
Authorization to Construct by: STEVE HEDRICK date 9-15-00

Installed by: BARRY SIGMON
Operation Permit by: STEVE HEDRICK date 9-26-00
Existing System Inspection by: _____ date _____

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