IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 105035 PIN# 4719-51-0149 DATE 3-11-02

OWNER OR CONTRACTOR JOHN CAMPBELL PHONE: Business _____ Home 704-872-0179

ADDRESS 214 EAGLES NEST LANE STATESVILLE NC 28625

LOCATION NC 115 NORTH, TL BOWLES FARM ROAD, ~~[illegible]~~ ON LEFT AT BOX # 354

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 4.3 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. EXISTING 0.33

Septic Tank: EXISTING Gallons: STB _____ Date _____
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 360 Linear Feet 120'
No Lines ONE 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

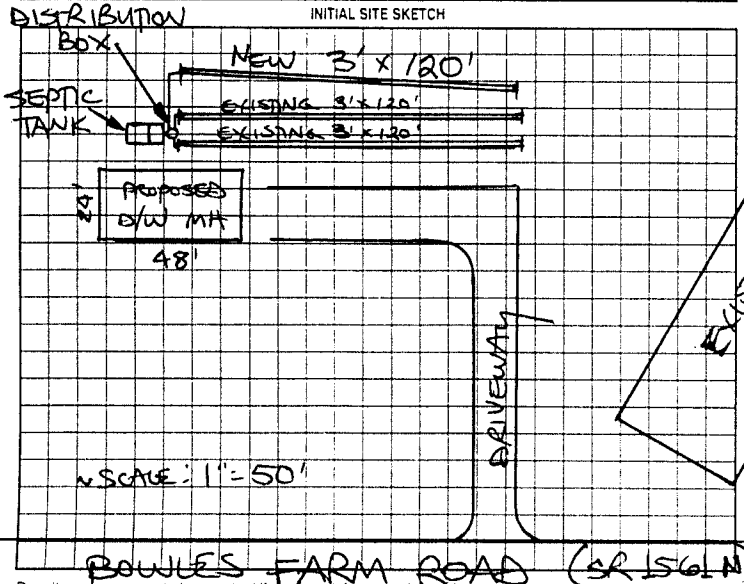
☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

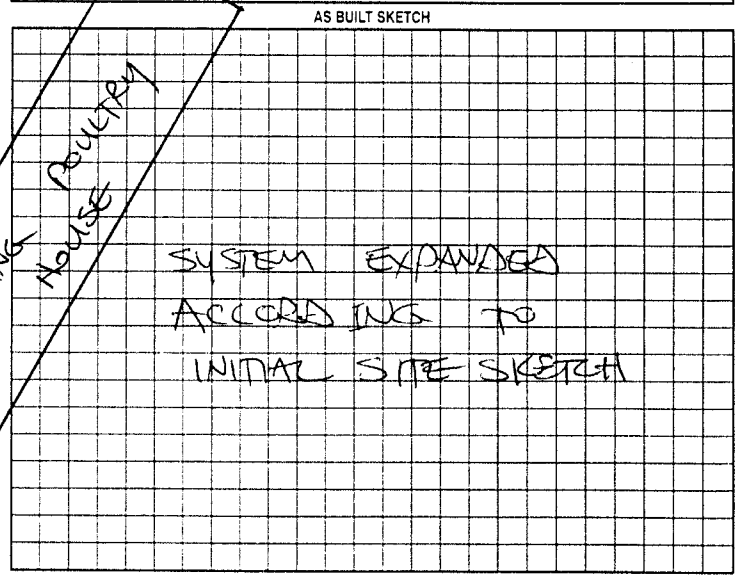
Comments/Conditions: REPLACE EXISTING DISTRIBUTION BOX IF NECESSARY, INSTALL NEW 3' x 120' LINE AS FLAGGED ON SITE

Comments/Conditions

INITIAL SITE SKETCH



AS BUILT SKETCH



BOWLES FARM ROAD (SR 1561 N)

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: Renee Pace date 3-14-02 Installed by: CRAIG THOMPSON

Improvement Permit by: STEVE HEDRICK date 3-11-02 Operation Permit by: STEVE HEDRICK date 4-3-02

Authorization to Construct by: STEVE HEDRICK date 3-11-02 Existing System Inspection by: _____ date _____

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