# IREDELL COUNTY HEALTH DEPARTMENT

* THIS PERMIT VOIDS PREVIOUSLY ISSUED PERMIT ISSUED 10/26/0

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

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

PERMIT# 102776 PIN# 4721-47 ~~5389~~ 5324 DATE 03/25/03

OWNER OR CONTRACTOR DEBRA BRYANT PHONE: Business (704-402-3274) Home 704-872-3162

ADDRESS 2339 W. FRONT ST STATESVILLE, NC 28677

LOCATION I40 WEST, (L) OLD MTN. RD., (R) TROUTMAN FARM, (L) BIG HAM LN., PROPERTY ON RIGHT ON CORNER,

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA ~~1.1~~ 2 ACRES SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. 0.30 GPD/EI²

Septic Tank: 1,000 Gallons; STB 1012 Date 01/24/03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1,200 Linear Feet 400
No Lines 4 @ 100' 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: 25% REDUC., GRAVITY
Maintenance Agreement Required: ☐ Yes ☒ No

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

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

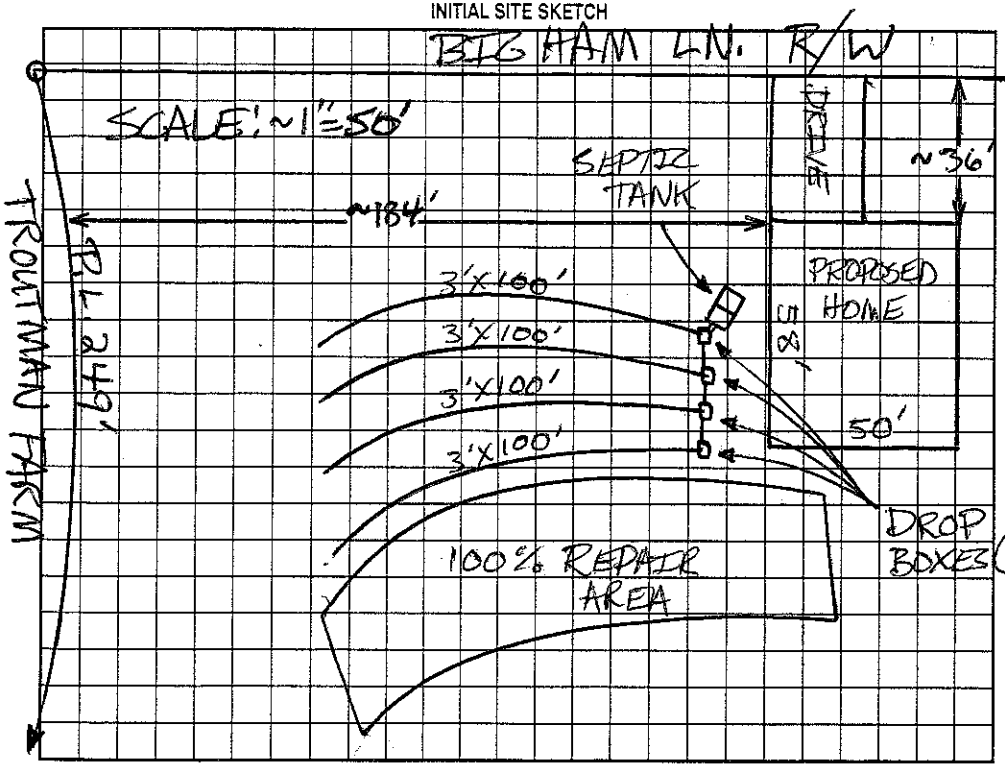
Water Supply: ☒ Individual ☐ Public ☐ Community WELL

Comments:/Conditions: (1) INSTALL SEPTIC SYSTEM 100' PLUS FROM WELL,

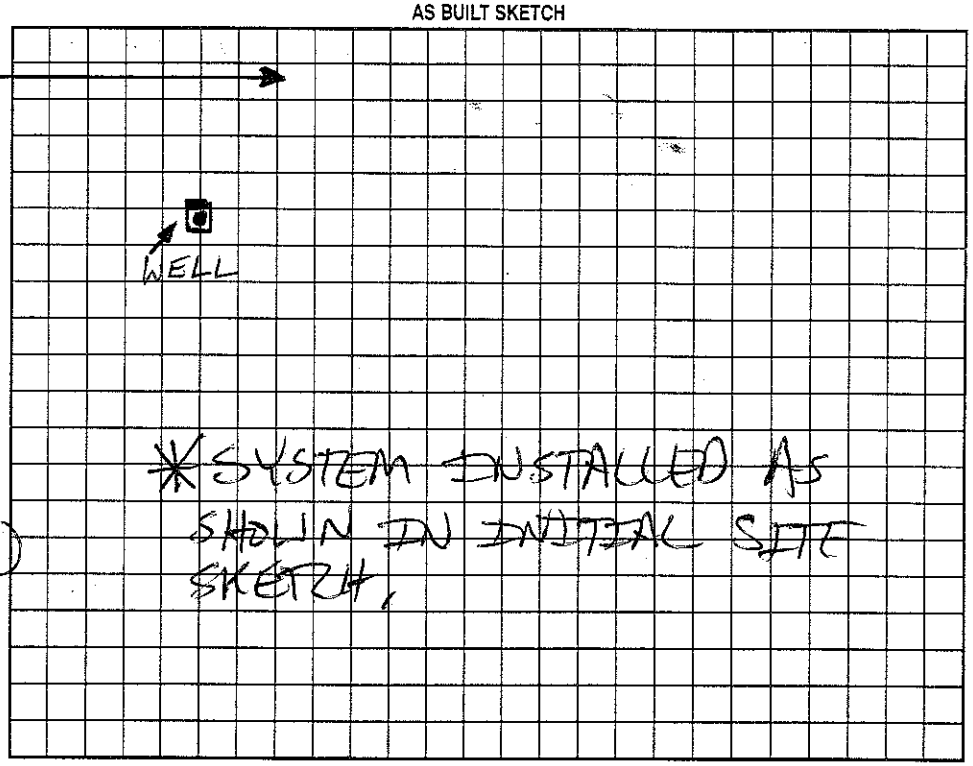
Comments:/Conditions:

* TUFF TIGHT FILTER & TANK MARKER USED,

INITIAL SITE SKETCH




AS BUILT SKETCH




* SYSTEM INSTALLED AS SHOWN IN INITIAL SITE 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: Debra E Bryant date 3/27/03 Installed by: DALE WINGLER

Improvement Permit by: Patrick Mitchell date 03/25/03 Operation Permit by: Patrick Mitchell date 07/25/03

Authorization to Construct by: Patrick Mitchell date 03/25/03 Existing System Inspection by: ____ date ____

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