IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 84450 PIN# 4722357862 DATE Dec. 15, 99

OWNER OR CONTRACTOR Shannon Brown PHONE: Business _____ Home 528 0296

ADDRESS Orville Rd Statesville, NC

LOCATION Oldmill Sch (R) Orville (L) Wright Lot is on Back ½ mile beside ballfield off the road

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 3.57 Ac SITE CLASS P3 DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 1/10-00
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270
No Lines 2 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

(X) New System ( ) Repair System Type: I (II) III IV V VI
System Description: Conv GRAVITY
Repair System Description: Pump Conv
Maintenance Agreement Required: ( ) Yes (X) No
( ) Slab (X) Crawl Space ( ) Basement w/plumbing ( ) Basement wo/plumbing

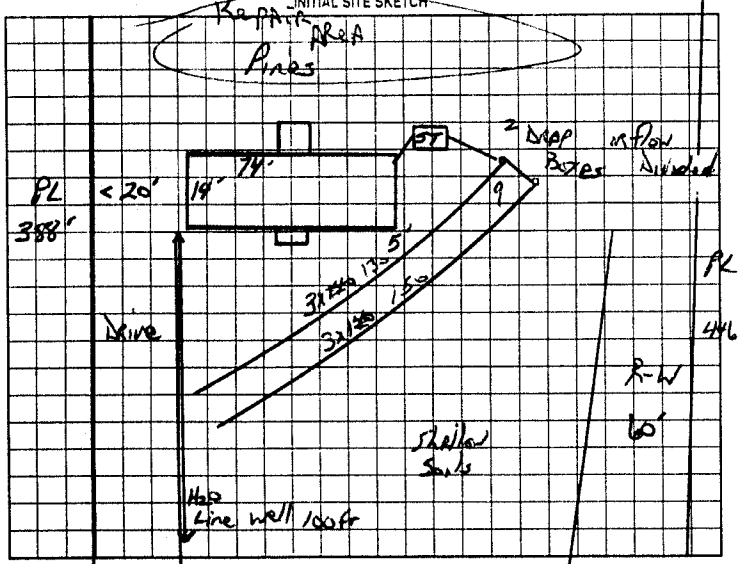
( ) House/Mod. Home No. Bedrooms 2
(X) Mobile Home No. Bathrooms 2
( ) Business No. Employees _____
( ) Other _____

Water Supply: (X) Individual ( ) Public ( ) Community
WELL

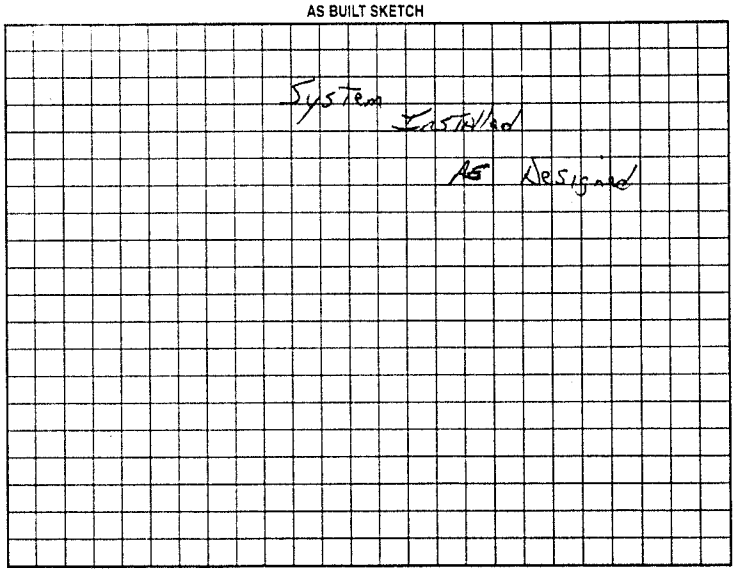
Comments/Conditions: INSTALL on Contour
Keep well 100ft from Septic System
CALL when Lot is Cleared for Authorization To Construct

Comments/Conditions:

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: Shannon Brown date _____

Improvement Permit by: JC Potter date Dec 15, 99

Authorization to Construct by: ~~Shannon Brown~~ JC Potter date 12/15/99

Installed by: owner

Operation Permit by: JC Potter date 4/12/2000

Existing System Inspection by: _____ date _____

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