IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094572 PIN# 4723 22 4701

OWNER OR CONTRACTOR DALE E. NAPIER DATE 3/2/01

ADDRESS 742 STONECREST DR. STATESVILLE, NC 28625 PHONE: Business ______ Home (704) 878-0876

LOCATION 40 W (L) OLD MTN. RD. (L) SPRING MEADOWS AT END OF CUL DE SAC ON (R)

SUBDIVISION SPRING MEADOWS BLOCK / SECTION ______ LOT 28 LOT AREA 1.28 SITE CLASS PS DESIGN FLOW 360 GPD L.T.A.R. .30

Septic Tank: 1000 Gallons; STB 1012 Date 12-31-01
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'
No Lines 3 Trench Width 3' Max Trench Bottom Depth 30" Gravel Depth ______

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

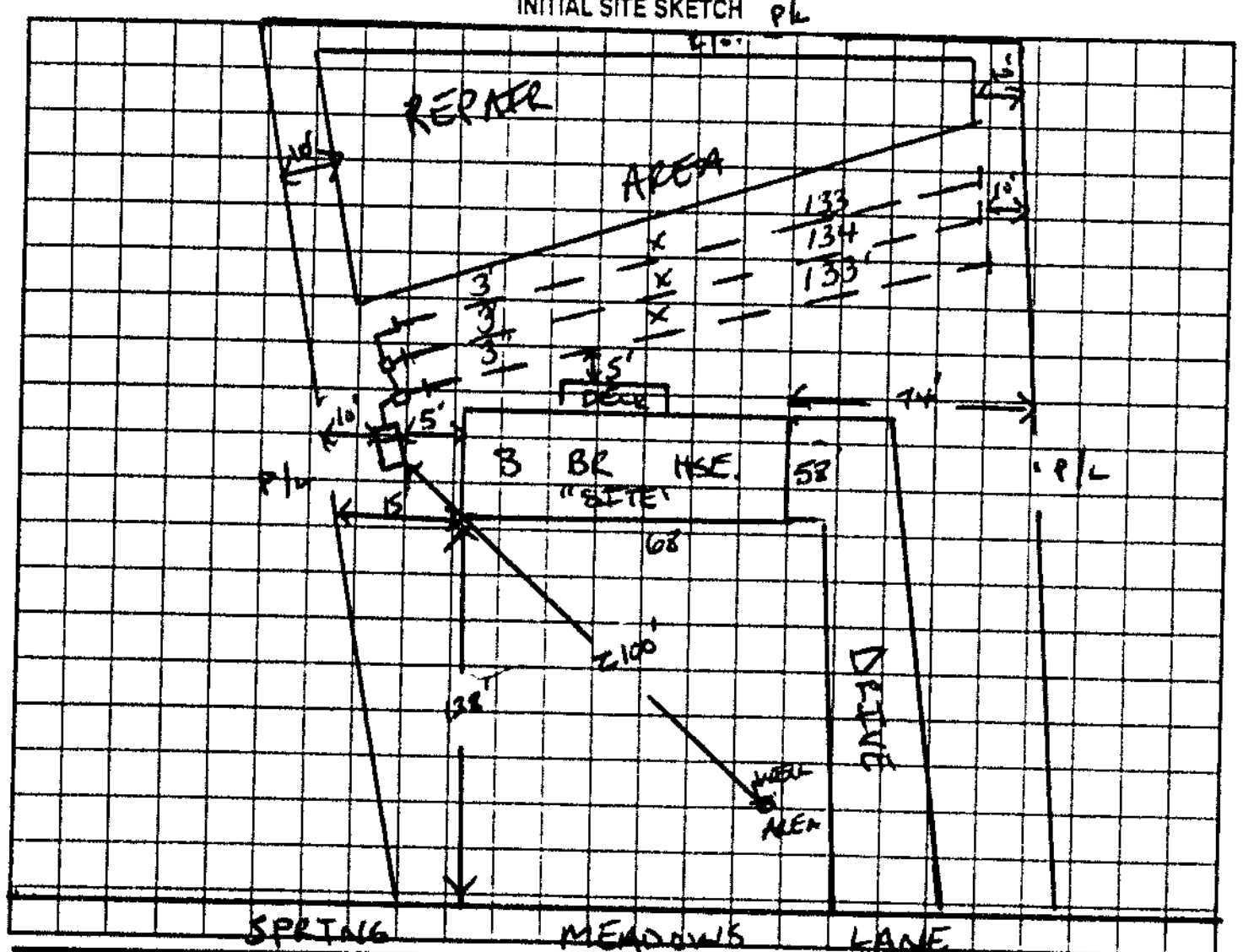
☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ______
No. Bedrooms 3 No. Bathrooms 2.5 No. Employees ______

Water Supply: ☑ Individual ☐ Public ☐ Community

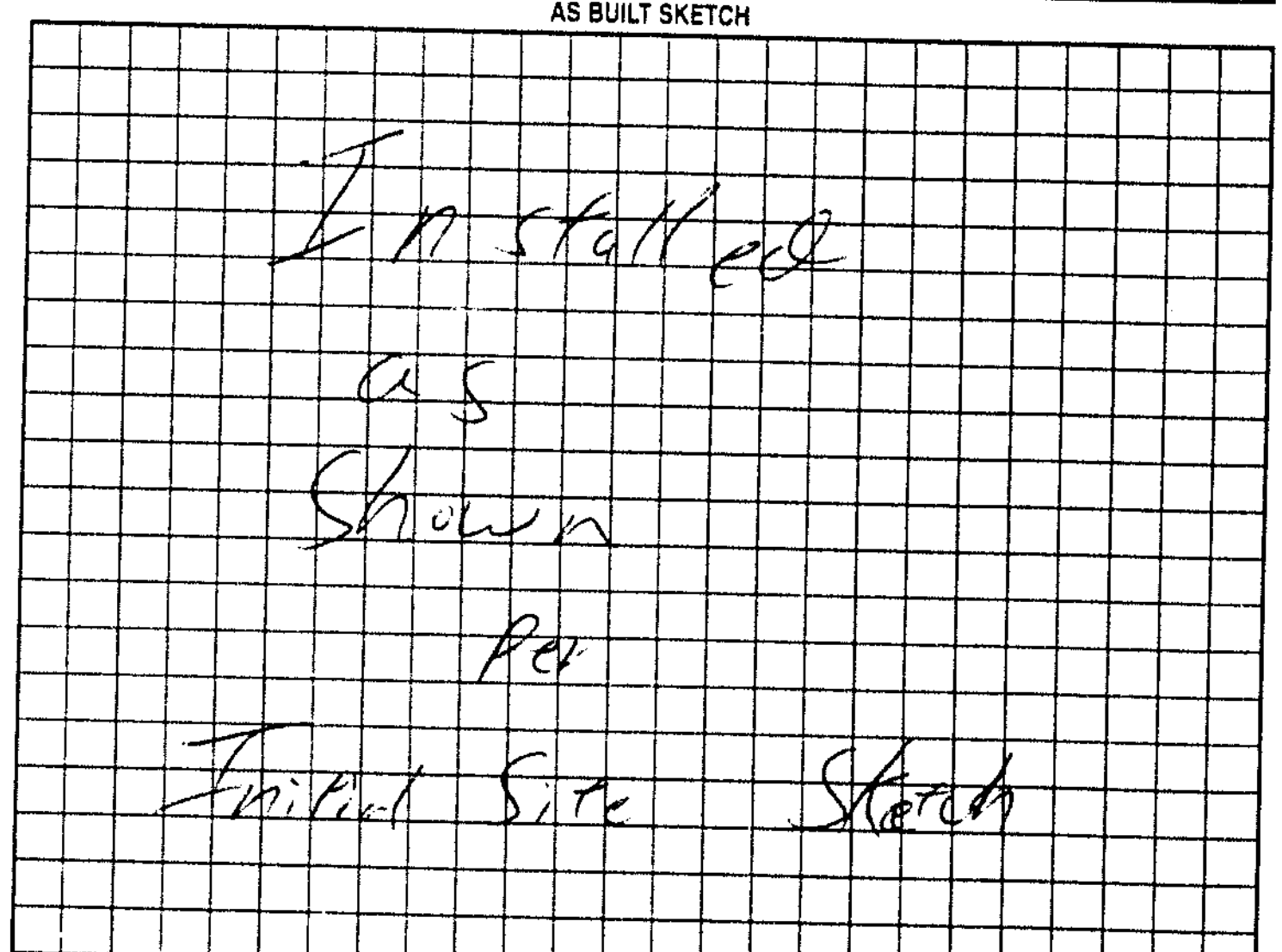
Comments:/Conditions: (1) NO CUTTING OR FILLING OVER DRAINFIELD/REPAIR AREAS (2) KEEP ALL DRAINFIELD/REPAIR AREAS (3) MAINTAIN SETBACKS (4) INSTALL DRAINLINES UNIFORM AND ON CONTOUR

Comments:/Conditions: - Polylok Filter Installed - Septic Tank Riser 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: E. N. Napier date 3/2/01
Improvement Permit by: Tracy Shinn date 3/2/01
Authorization to Construct by: Tracy Shinn date 3/2/01

Installed by: Dale Winkler
Operation Permit by: William O. Johns date 2/22/02
Existing System Inspection by: ______ date ______

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