IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 10/9/02

PERMIT# Repair PIN# 4724-54-6335 + 6133 PHONE: Business ____ Home (704) 873-0625

OWNER OR CONTRACTOR Ken Stanley

ADDRESS 838 Reynolds Rd Statesville NC 28677

LOCATION Hwy 70 W., (R) on Reynolds Drive, (R) LILLIE AVE (SR) DS

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA 4.0 Ac. SITE CLASS DS DESIGN FLOW 240 L.T.A.R. .35

Septic Tank: 4000 Gallons: STB 1007 Date 07/28/02

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 686 Linear Feet 230'

No Lines 3 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth 12"

☐ New System ☒ Repair System Type: I (II) III IV V VI

System Description: ____

Repair System Description: Gravity Conv.

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 2 No. Bathrooms 2 No. Employees ____

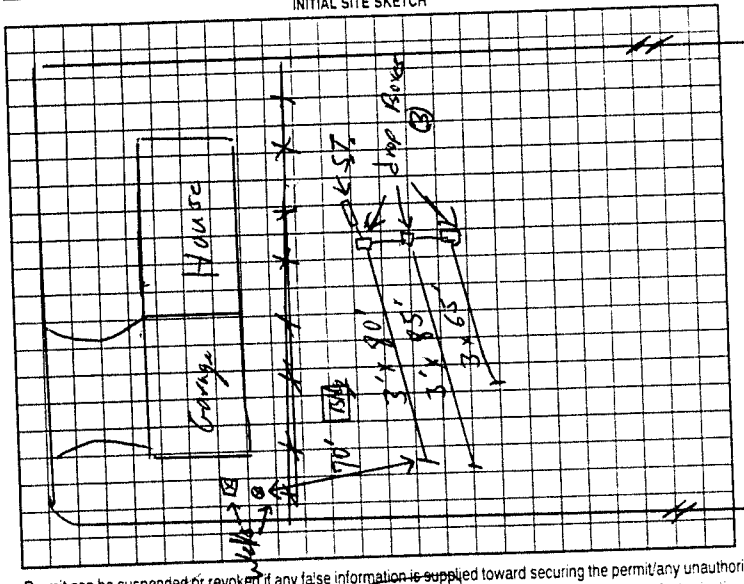
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

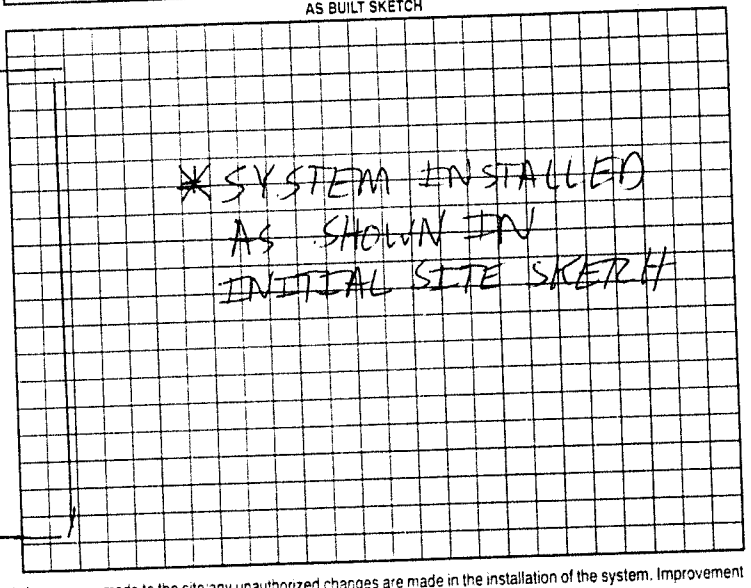
Comments/Conditions: (1) [redacted] Pump, Crush + Fill old Septic Tank (2) Install New S.T + 230ft of Line. (3) Maintain proper Setbacks (Not to Scale)

Comments/Conditions: SEPTIC TANK INSTALLED USING POLY-LOK FILTER + SEPTIC MARKER

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: ____ date ____ Installed by: JAMES HUDLER

Improvement Permit by: [signature] date 10/9/02 Operation Permit by: [signature] date 10/18/02

Authorization to Construct by: [signature] date 10/9/02 Existing System Inspection by: ____ date ____

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