IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (2I) MOORESVILLE 704-664-5281

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

(2) PERMIT# 10787G PIN# 4715-98-6382.C DATE 8-7-02

OWNER OR CONTRACTOR DORIS WEST PHONE: Business 704-924-8942 (Ann) Home

ADDRESS 218 WEST BROAD STREET STATESVILLE NC 28677

LOCATION NC 90 WEST, TR DEER RIDGE LANE, BEAR RIGHT 2.5 MOBILE HOME ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 173.48 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons: STB 1007 Date 7-8-02
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FOUR 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: CONVENTIONAL GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

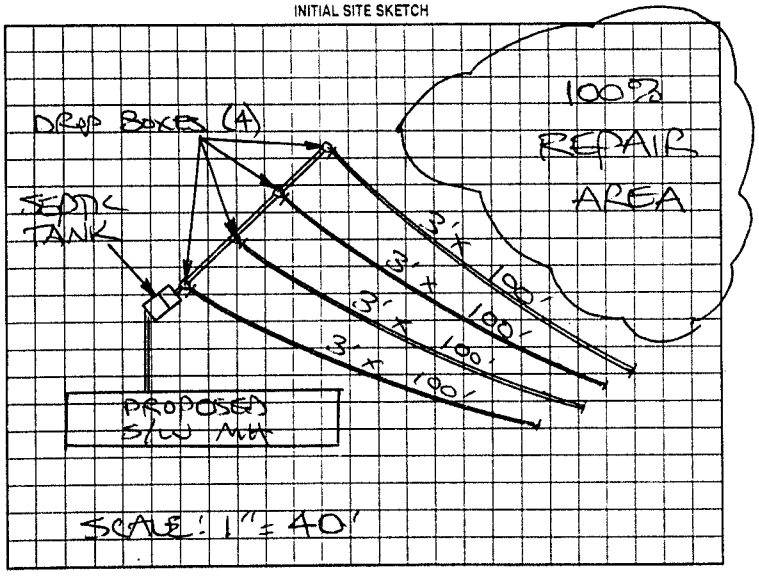
☐ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

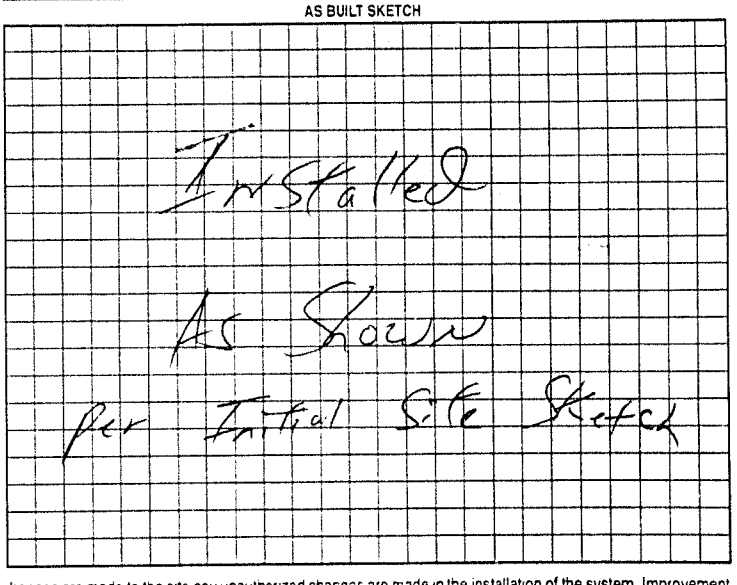
Comments/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL

Comments/Conditions: - Poly Tek Filter 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: Tom Gilbert date 8/7/02 Installed by Kenny Pearson

Improvement Permit by: STEVE HEDRICK date 8-7-02 Operation Permit by: William O. Johnson date 9-3-02

Authorization to Construct by: STEVE HEDRICK date 8-7-02 Existing System Inspection by: _____ date _____

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