IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# STATESVILLE 86469 PIN# 4725 96 9257 / 9484 DATE 10-14-99

OWNER OR CONTRACTOR ARTIE DISHMAN PHONE: Business Home 878-0814

ADDRESS 740 WEST END AVE, STATESVILLE, NC 28677

LOCATION NC 115 NORTH, TL OLD WILKESBORO ROAD, TL MONTICELLO ROAD, 1ST LOT ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT 1 LOT AREA 0.87 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 10-12-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines THREE 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

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

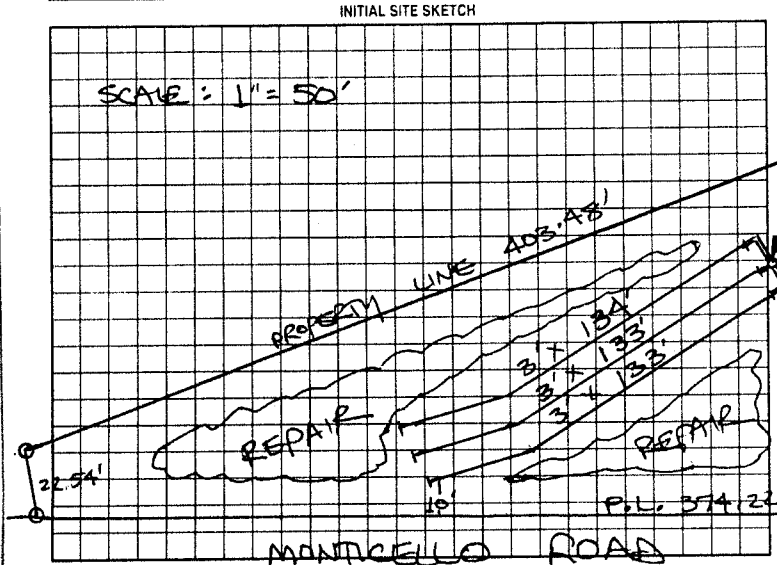
☐ Slab ✓ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ✓ Public ☐ Community

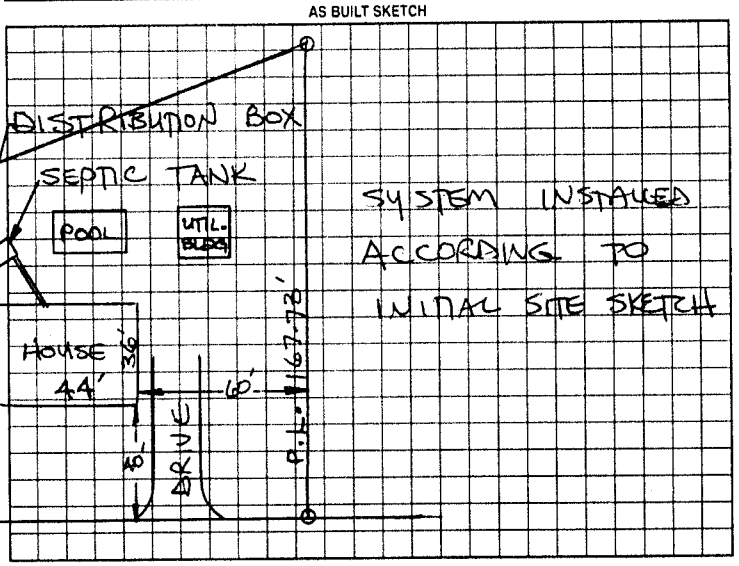
Comments/Conditions:

Comments/Conditions SEPTIC TANK WITH RISERS. INSTALLED USING "POLYLOK" FILTER

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: x _____ date 10-14-99 Installed by: DAVID YOUNTZ

Improvement Permit by: STEVE HEDRICK date 10-14-99 Operation Permit by: STEVE HEDRICK date 2-2-00

Authorization to Construct by: STEVE HEDRICK date 10-14-99 Existing System Inspection by: _____ date _____

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