IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 040898 PIN# 4729-04-3838 DATE 8/3/00

OWNER OR CONTRACTOR Brenda Taylor PHONE: Business Home 876-3003

ADDRESS 337 Ford Farm Rd Statesville NC 28625

LOCATION Hwy 115 N, TL Estates Dr, .10 mile on Lt

SUBDIVISION John Sharp Est BLOCK / SECTION - LOT 6+7 LOT AREA ≈ 40,000 ft² SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25

Septic Tank: 1000 Gallons; STB 312 Date 6-31-00

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 6@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I (II) III, IV, V, VI

System Description: Gravity conventional

Repair System Description: Same

Maintenance Agreement Required: [ ] Yes [X] No

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

[ ] House/Mod. Home No. Bedrooms 3

[X] Mobile Home No. Bathrooms 2

[ ] Business No. Employees

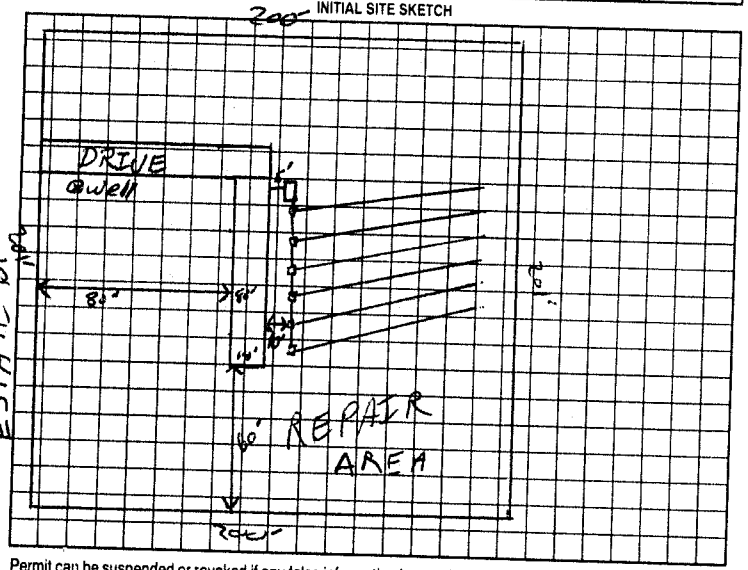
[ ] Other

Water Supply: [X] Individual [ ] Public [ ] Community

Comments/Conditions: Keep well minimum of 50' from system - Install lines on Contour 1:60 Scale

Comments/Conditions: County ~~water~~ water at 115 Not down this road

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: 8-7-00 date 8-7-00

Improvement Permit by: RSJ date 8/3/00

Authorization to Construct by: RSJ date 8/3/00

Installed by: Tuckers Hauling & Grading

Operation Permit by: date 8-15

Existing System Inspection by: date

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