IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 095631 PIN# 4729 14 0123 DATE 6-19-01

OWNER OR CONTRACTOR MATT JORDAN PHONE: Business Home (704) 838-0028

ADDRESS 304 N. CENTER ST. STATESVILLE, NC 28677

LOCATION NC 115 NORTH, TL ESTATE DRIVE, 2ND LOT ON LEFT

SUBDIVISION JOHN S. KING BLOCK / SECTION LOT 20A LOT AREA 0.52 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 4-17-01
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FIVE 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: 50% REDUCTION PUMP
Maintenance Agreement Required: ☐ Yes ☐ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

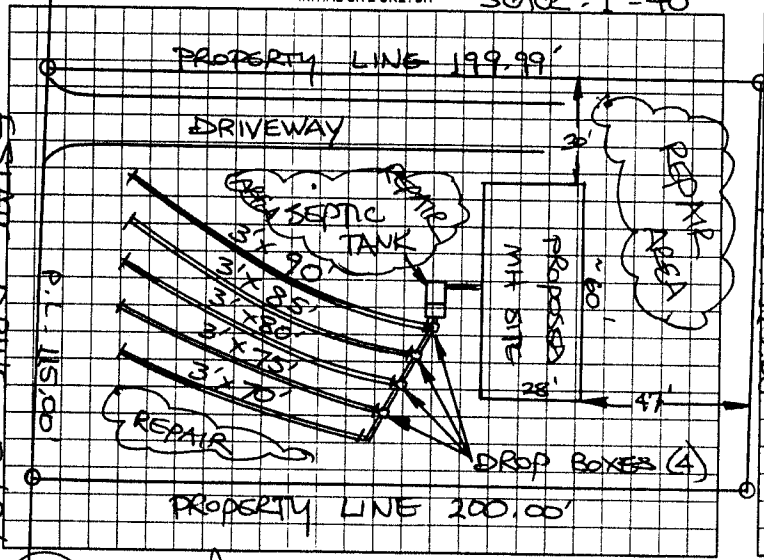
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions:

Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "POLYLOK" RISER

INITIAL SITE SKETCH ~ SCALE: 1"=40'



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE 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 6-25-01 Installed by: A-1 BACKHOE

Improvement Permit by: STEVE HEDRICK date 6-19-01 Operation Permit by: STEVE HEDRICK date 9-6-01

Authorization to Construct by: STEVE HEDRICK date 6-19-01 Existing System Inspection by: _____ date _____

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