IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 5-4-2000

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

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

PERMIT# 0888808 PIN# 4729 41 8192 DATE 5-16-00

OWNER OR CONTRACTOR WILLIAM PIERCE PHONE: Business Home 876-0284

ADDRESS 156 FORD FARM ROAD STATESVILLE NC 28625

LOCATION NC 115 NORTH, TR FORD FARM ROAD, 2ND DRIVE ON LEFT AT BOX #156

SUBDIVISION BLOCK / SECTION LOT LOT AREA 1.8 ACRES SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: EXISTING Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 300 Linear Feet 133

No Lines ONE 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: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2 1/2

☐ Business No. Employees

☐ Other

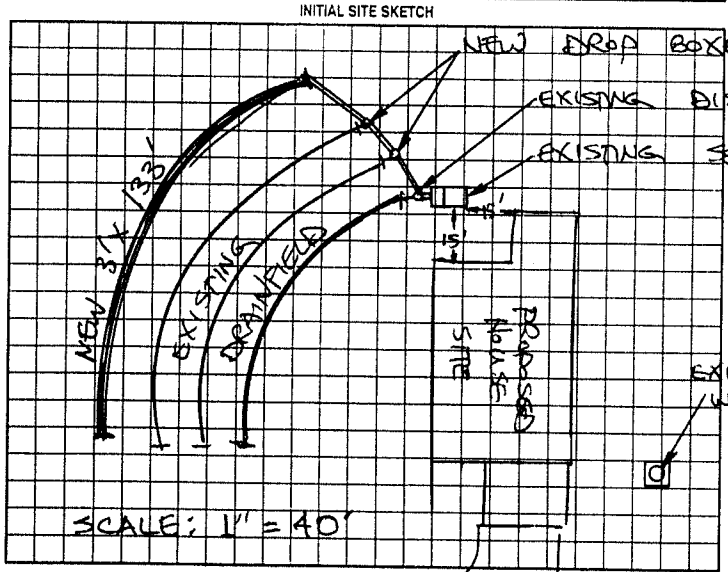
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

Comments/Conditions: ① INSTALL DROP BOXES ON EXISTING LINES AS SHOWN ② INSTALL NEW DRAINLINE ON CONTOUR AS FLAGGED ON SITE

Comments/Conditions:

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: William Pierce date 5-16-00 Installed by: Brent Gallicher

Improvement Permit by: STEVE HEDRICK date 5-16-00 Operation Permit by: G. McAmy RS.I date 10/12/100

Authorization to Construct by: STEVE HEDRICK date 5-16-00 Existing System Inspection by: date

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