IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 093456 PIN# 4733035758 DATE 1/24/01

OWNER OR CONTRACTOR Ralph D. Campbell PHONE. Business (704) 902-4028 Home (704) 873-4471

ADDRESS 324 W. End Ave, Statesville N.C. 28677

LOCATION 21 South, (R) Perth Road, (R) State Park Rd 3/10 mile on R past Post Beyond Church

SUBDIVISION _____ BLOCK / SECTION – LOT – LOT AREA 1.754 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 4,000 Gallons: STB 1012 Date 5-8-02
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

X New System ☐ Repair System Type: I (II) III IV V VI
System Description: Gravity, Conventional
Repair System Description: Gravity Conventional
Maintenance Agreement Required: ☐ Yes X No

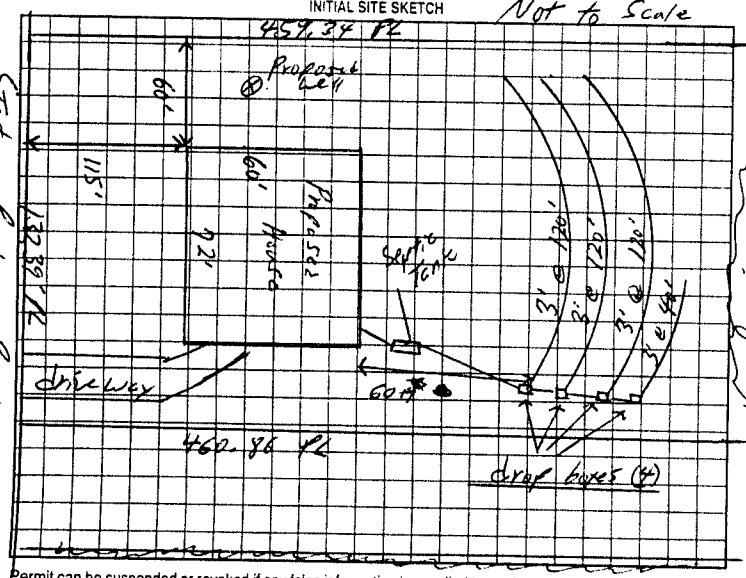
X House/Mod Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

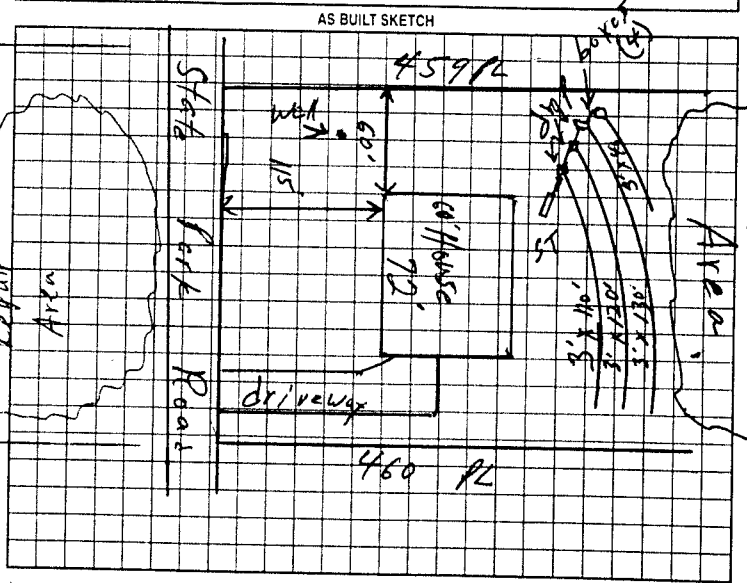
Comments/Conditions: ① Do Not Install when wet ② Install lines on [redacted] Contour ③ Keep 100 ft from well & 10 ft from property lines

Comments/Conditions – S.T. Riser Installed – poly lok filter Installed

INITIAL SITE SKETCH Not to Scale



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: Ralph D Campbell date 11.15.01

Improvement Permit by: William O. Johnson RSI date 1/24/01

Authorization to Construct by: William O. Johnson RSI date 1/24/01

Installed by: David Fountz

Operation Permit by: William O. Johnson date 8/14/02

Existing System Inspection by: _____ date _____

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