IREDELL COUNTY HEALTH DEPARTMENT

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

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

CI

PERMIT# 104070 PIN# 4731-21-6524 DATE 1-22-02

OWNER OR CONTRACTOR KATHLEN MAYO PHONE: Business (704) 902-1657 Home (704) 528-5109

ADDRESS 114 WOODFIELD DR, STATESVILLE, NC 28625

LOCATION US 21 SOUTH, TR TALLEY STREET TL LYTTON FARM RD, TR DEN-LON LANE, LOT #14 ON RIGHT

SUBDIVISION COR-DEL BLOCK / SECTION 1 LOT 14 LOT AREA 0.51 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1007 Date 3-12-02
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: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

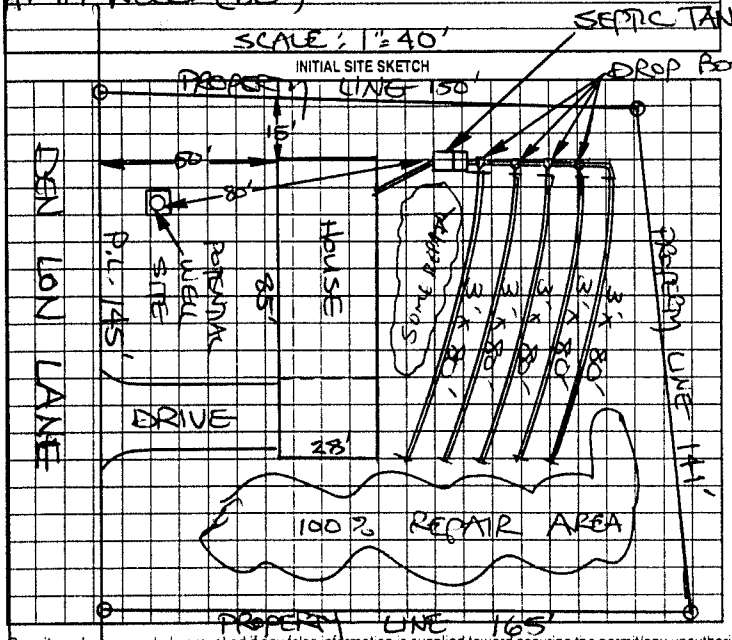
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2½
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

Comments/Conditions: KEEP SYSTEM MAXIMUM FEASIBLE DISTANCE FROM WELL (80')

Comments/Conditions: POLYLOK FILTER MARKER INSTALLED AS SHOWN

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: Kathleen D. Mayo date 1-22-02 Installed by: STATESVILLE BACKHOE

Improvement Permit by: STEVE HENDRICK date 1-22-02 Operation Permit by: [signature] PS date 04-18-02

Authorization to Construct by: STEVE HENDRICK date 1-22-02 Existing System Inspection by: _____ date _____

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