101207

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 01-S-050 PIN# 6794 DATE 6-1-01

OWNER OR CONTRACTOR DEBORAH GIBBS PHONE: Business Home (704) 883-0636

ADDRESS 135 ALLISON STREET STATESVILLE, NC 28677

LOCATION US 21 S, TR TALLEY ST, TR ZION, WESLEY TO END OF EXTENSION

SUBDIVISION BLOCK / SECTION LOT LOT AREA 1.00 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons: STB 312 Date 4-1-01
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines SIX 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: CONVENTIONAL GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

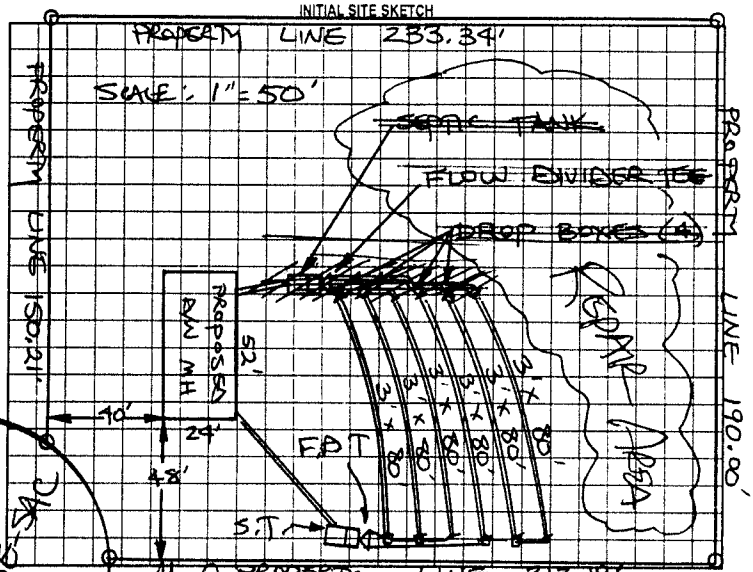
☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: USE ONE FLOW DIVIDER TEE TO ACHIEVE EQUAL DISTRIBUTION INTO TWO SERIES OF DROP BOXES FEEDING THREE LINES.

Comments/Conditions: ① SEPTIC TANK WITH MARKER INSTALLED USING "ZABEL" FILTER ② SEPTIC TANK RELOCATED AS SHOWN WITH PRIOR HEALTH DEPT. APPROVAL

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL 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 6-1-01 Installed by: ANDY DANIELS

Improvement Permit by: STEVE HENDRICK date 6-1-01 Operation Permit by: STEVE HENDRICK date 6-12-01

Authorization to Construct by: STEVE HENDRICK date 6-1-01 Existing System Inspection by: _____ date _____

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