IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 09 - 2 - 030 PIN# 4731 56 4725 DATE 4/12/01

OWNER OR CONTRACTOR LARRY DAVIDSON PHONE: Business (704) 873-8708 Home

ADDRESS 130 CARA LANE, STATESVILLE NC 28625

LOCATION 77 S EXIT 42 (R) AMITY HILL RD. (L) MURDOCK RD. (L) 21 S (R) MILLEY ST. (R) ZION WESLEY TO END ON (L)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 5 Ac. SITE CLASS PS DESIGN FLOW 360 GPD L.T.A.R. .35

Septic Tank: 1000 Gallons: STB 794 Date 2/9/01

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 1028 Linear Feet 345'

No Lines 3 Trench Width 3' Max Trench Bottom Depth 30" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III IV V VI

System Description: CONVENTIONAL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

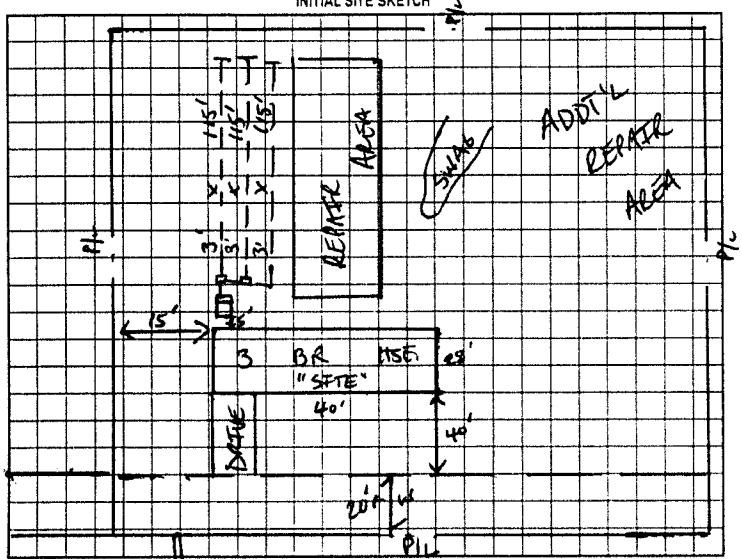
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

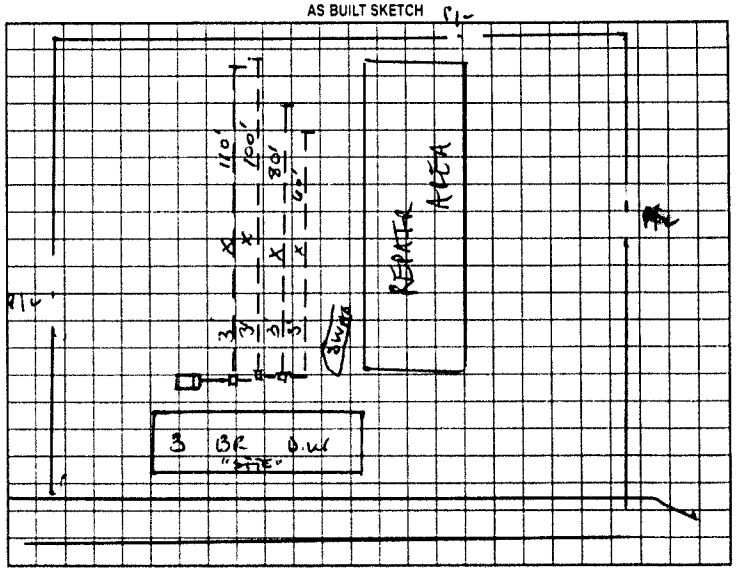
Comments/Conditions: (1) INSTALL DRAINLINES UNIFORM AND ON CONTOUR (2) KEEP ALL DRAINS AWAY FROM DRAINFIELD/REPAIR AREAS (3) MAINTAIN NOTED SETBACKS (4) NO CUTTING OR FILLING OVER DRAINFIELD/REPAIR AREAS

Comments/Conditions (1) PUMP SEPTIC TANK EVERY 3-5 YRS.

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: _____ date 4-12-01 Installed by: ANDY DANIELS

Improvement Permit by: Duane Shinn date 4/12/01 Operation Permit by: Duane Shinn date 4/17/01

Authorization to Construct by: Duane Shinn date 4/12/01 Existing System Inspection by: _____ date _____

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