IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# CITY PIN# 4733 75 9342 DATE 5-21-01

OWNER OR CONTRACTOR KEITH LAWRENCE PHONE: Business (704) 892-5503 Home (704) 878-3548

ADDRESS 140 SIR GEORGE CIRCLE STATESVILLE, NC 28677

LOCATION WILSON LEE BLVD, TR WALLACE SPRINGS RD, 0.5 MILE ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA LIMITED SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.50 GPD/FT²

Septic Tank: 1000 Gallons: STB 794 Date 9-9-01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240
No Lines TWO 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, PUMP
Maintenance Agreement Required: ☐ Yes ☑ No

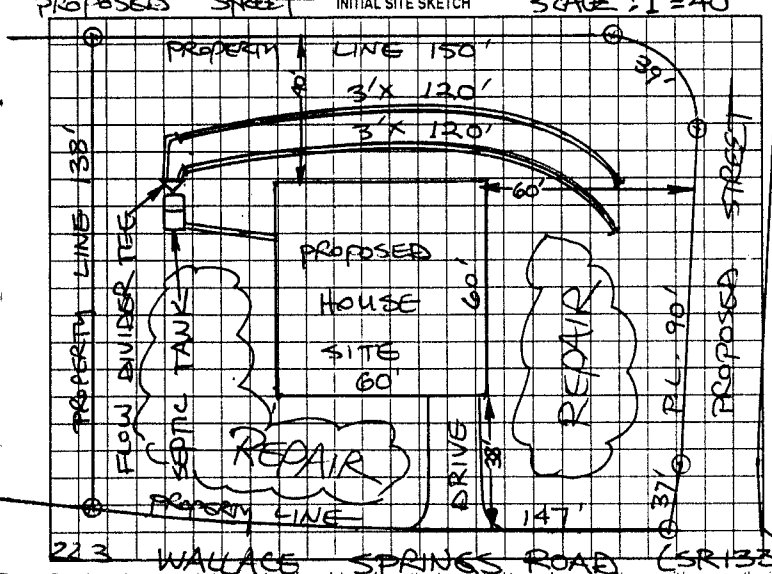
☐ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

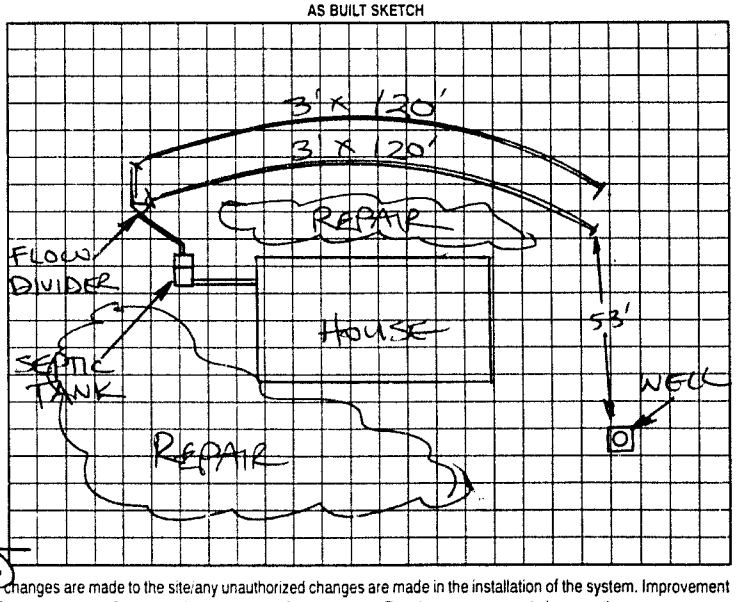
Comments:/Conditions:

Comments /Conditions: SEPTIC TANK WITH RISERS INSTALLED USING "ZABEL" FILTER

PROPOSED STREET INITIAL SITE SKETCH SCALE: 1"=40



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: Keith Lawrence date 5-25-01 Installed by: KENNY MADISON

Improvement Permit by: STEVE HEDRICK date 5-21-01 Operation Permit by: STEVE HEDRICK date 11-16-01

Authorization to Construct by: STEVE HEDRICK date 5-21-01 Existing System Inspection by: _____ date _____

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