Posted 9/17/01 - LW

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094345 PIN# 4735 09 1398 DATE 2/21/01

OWNER OR CONTRACTOR DANA LAPISH PHONE: Business _____ Home (704) 871-0033

ADDRESS 823 BRISTOL DR., STATESVILLE, NC 28677

LOCATION OLD WILKSBORO HWY (R) FIELDSTONE FARM RD 3rd ON (R)

SUBDIVISION FIELDSTONE BLOCK / SECTION _____ LOT 3 LOT AREA .47 SITE CLASS PS DESIGN FLOW 360GPD L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 1012 Date 1-21-01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field; No Fields 1 Square Feet 1023 Linear Feet 342'
No Lines 4 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: PPBPS
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

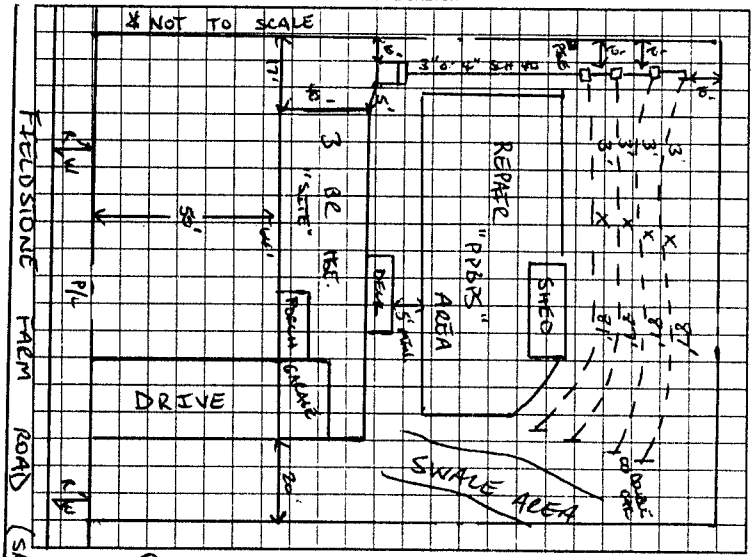
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

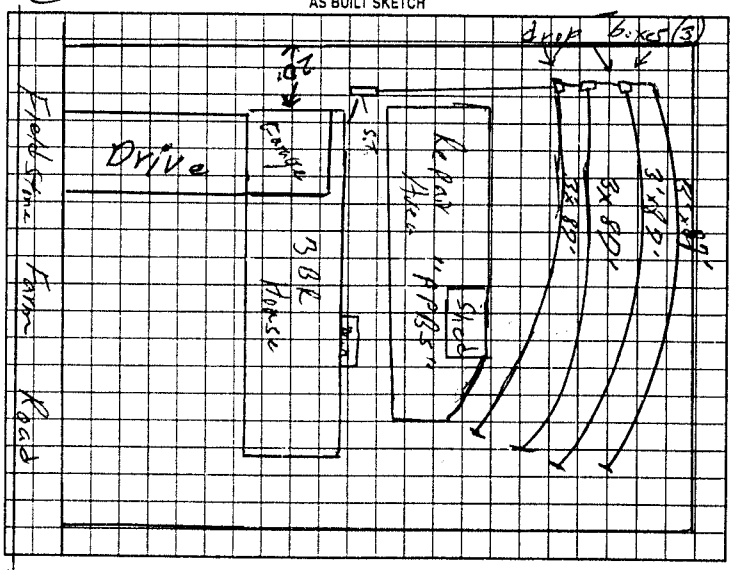
Comments/Conditions: (1) NO CUTTING OR FILLING OVER DRAINFIELD/REPAIR AREAS (2) KEEP ALL DRAINS AWAY FROM DRAINFIELD/REPAIR AREA (3) MAINTAIN SETBACKS (4) INSTALL DRAINLINES UNIFORM AND ON CONTOUR

Comments/Conditions: - Septic Tank Risers Installed
- Poly/ok filter Installed
(Not to Scale)

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: Dana Lapish date _____ Installed by: David Yountz

Improvement Permit by: Tracy Shinn date 2/21/01 Operation Permit by: Wallace O. Johnson date 9/14/01

Authorization to Construct by: Tracy Shinn date 2/22/01 Existing System Inspection by: _____ date _____

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