IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE March 23, 00

PERMIT# _____ PIN# _____ PHONE: Business 873-1103 Home _____

OWNER OR CONTRACTOR Mark Comer

ADDRESS 137 Victoria Drive "Statesville"

LOCATION 3 N TL @ "White Sabo" onto Shumaker TL W. Nobbie Ln. TR Victoria 5th house on left

SUBDIVISION Iredell Heights BLOCK / SECTION _____ LOT 149-152 LOT AREA 100' X 180' SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .03

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 2 Square Feet 600 Linear Feet 200

No. Lines 5 in bed Trench Width 15' Max Trench Bottom Depth 36' ± Gravel Depth 18"

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

System Description: _____

Repair System Description: DRIVE TO 15'x45' Bed

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1½

☐ Business No. Employees _____

☐ Other _____

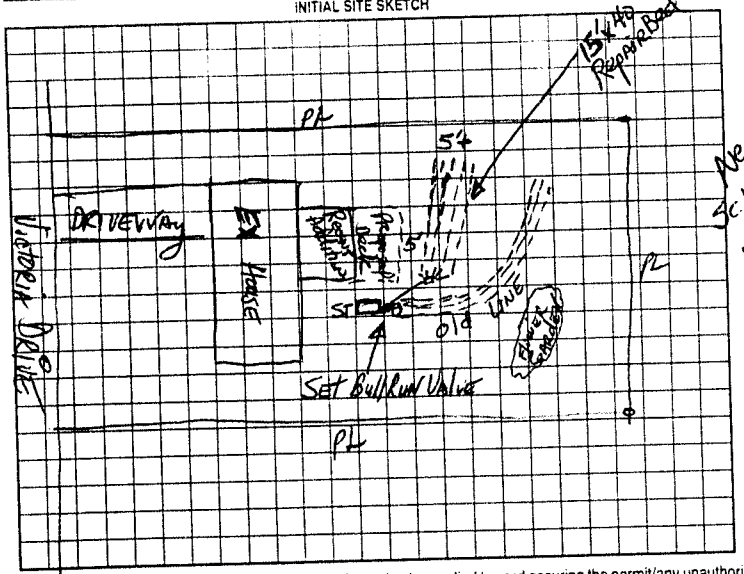
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

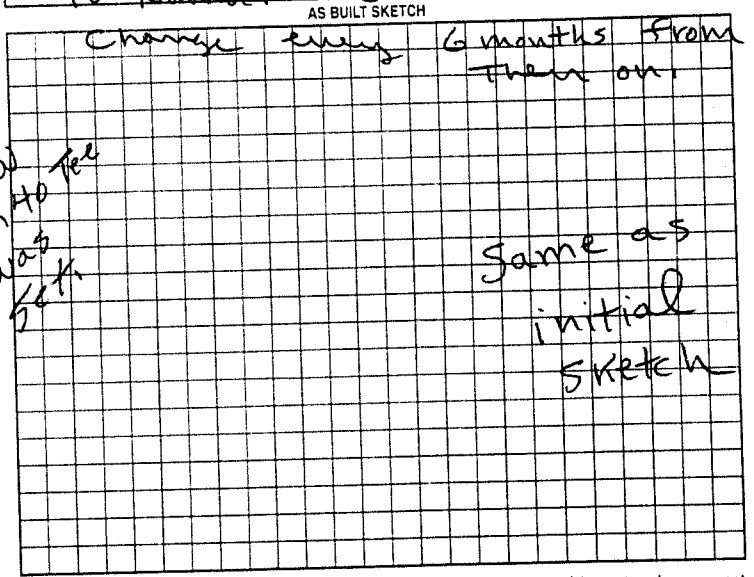
Comments/Conditions: USE 18" stone for additional storage capacity. Set Bull Run Valve w/ access port flush with finished grade.

Comments/Conditions: New Drainfield is on Number one on valve. Wait 12 months Then Switch back to Number 2 on valve Then Change every 6 months From Then on.

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: Mark Comer date _____

Improvement Permit by: [signature] date 3-23-00

Authorization to Construct by: [signature] date 3-23-00

Installed by: Steve Jertan

Operation Permit by: F.C. Moore date 4-11-00

Existing System Inspection by: _____ date _____

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