# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 117909 PIN# 4949-43-6403 DATE 2/6/04

OWNER OR CONTRACTOR Jimmy D. Campbell PHONE: Business _____ Home (704) 592-9971

ADDRESS 319 Spratt Rd Statesville N.C 28625

LOCATION Hwy 21 North, L onto Shoemaker Drive turns into White Farm Road, L Foxglove Drive, 3lot on Right

SUBDIVISION Gray Stone Meadows BLOCK / SECTION — LOT 25 LOT AREA 1.0 Ac. SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. .25 gpd/ft²

Septic Tank: 4000 Gallons; STB 1012 Date 2-5-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet Easy to Lay Linear Feet 360
No Lines 4 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity, 25% Reduction
Repair System Description: Rep, 30% Reduction LPP
Maintenance Agreement Required: ☐ Yes ☒ No

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

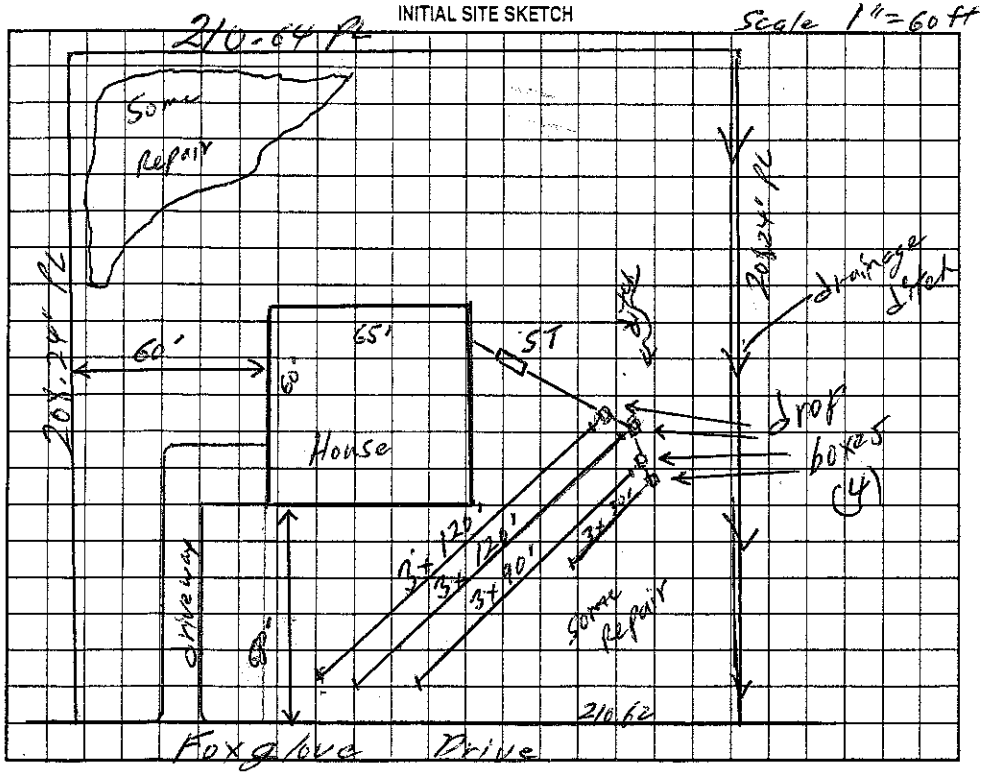
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: ① maintain proper setbacks ② Do Not Install when wet

Comments:/Conditions: - Tuff - Tite Filter + ST Marker - Installed 58 Infiltrator Chambers

INITIAL SITE SKETCH




AS BUILT SKETCH

Installed As Shown

Installed only 3 Lines
- 22 Chambers - 1st Line
- 22 ✓ - 2nd Line
- 14 ✓ - 3rd Line

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: Jimmy Campbell date 2-7-04
Improvement Permit by: William O. Johnson date 2/6/04
Authorization to Construct by: William O. Johnson date 2/6/04

Installed by: Tommy Frye
Operation Permit by: William O. Johnson date 7/12/04
Existing System Inspection by: _____ date _____

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