IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118313 PIN# 4747-48-6805.001 9708 DATE 6/19/04

OWNER OR CONTRACTOR Sarah Dishman PHONE: Business _____ Home (704) 876-2204

ADDRESS 126 Spud Lane Statesville NC 28625

LOCATION 21 N TL Jennings ~2mi on corner of Jennings Rd and Spud Lane

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 4-3-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 5 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Con. Gravity
Repair System Description: Pump 25% reduction
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

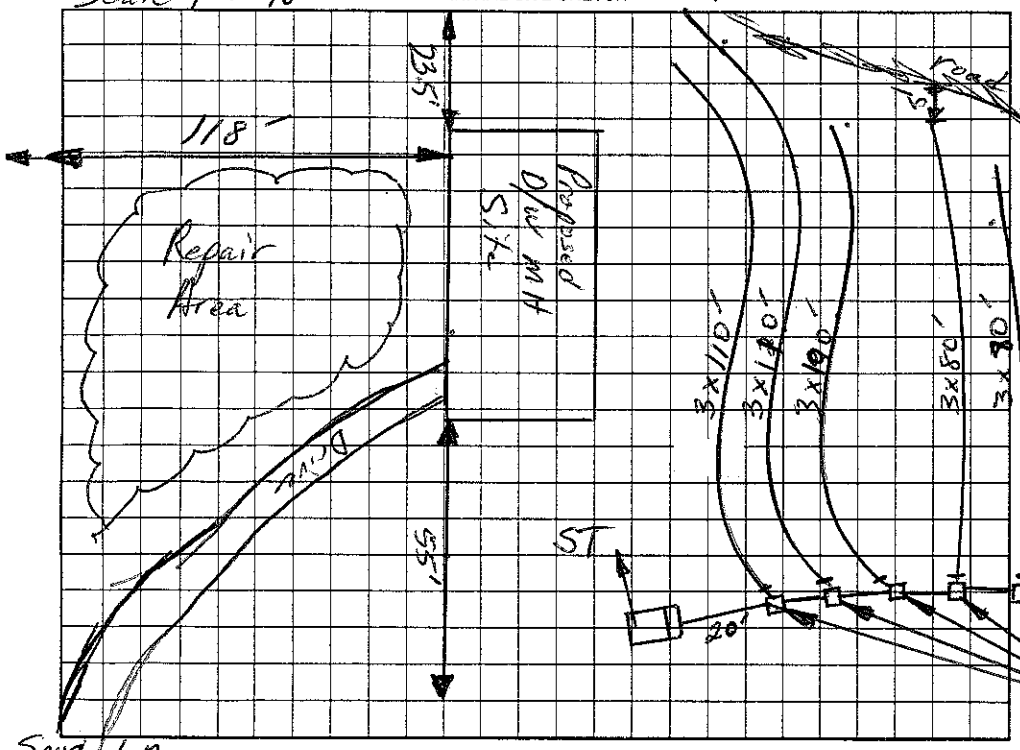
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: ① Install lines on contour ② Smooth out upper end of road bed.

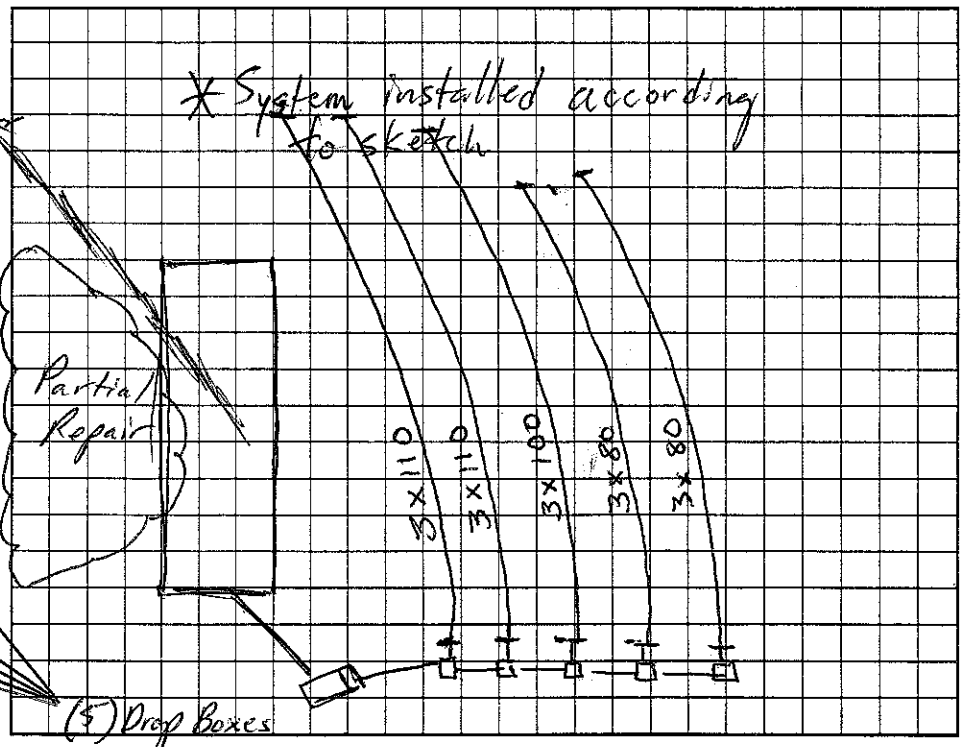
Comments/Conditions: ① Tuff-tite filter ② #57 stone ③ 24" riser

Scale 1" = 40'

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: Sarah Dishman date 6-24-04 Installed by: A-1 BACKHOE

Improvement Permit by: Christopher M. Shumate, RS date 6-19-04 Operation Permit by: Christopher M. Shumate, RS date 8-16-04

Authorization to Construct by: Christopher M. Shumate, RS date 6-24-04 Existing System Inspection by: _____ date _____

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