IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 84288 PIN# 4747832219 DATE 10-27-99

OWNER OR CONTRACTOR Marlon Smith PHONE: Business _____ Home 8810483

ADDRESS 114 Jafar Ln Statesville, N.C.

LOCATION US21 N To Jennings Rd To Addie Ln To Jafar at end on Rt.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 4.9 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 12-3-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Conv. Gravity
Repair System Description: " "
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: I-77 R/W

Drop boxes (Repair area)

3'X55'

3'X55'

INITIAL SITE SKETCH

Out Bldg.

3'X145'

3'X145'

mH 14X70

Driveway

Comments/Conditions:

AS BUILT SKETCH

Same as initial sketch

Peggy Ramsey Property

To Addie Ln

Jafar L.N.

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: x Marlon B Smith date _____ Installed by: Steve Jordan

Improvement Permit by: P.C. Moore date 10-27-99 Operation Permit by: P.C. Moore date 4-6-00

Authorization to Construct by: P.C. Moore date 10-27-99 Existing System Inspection by: _____ date _____

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