IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 (C1)

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

PERMIT# 104923 PIN# 4749-55-9703 DATE 2-27-02

OWNER OR CONTRACTOR D.L. DUNCAN PHONE: Business _____ Home 704-873-9755

ADDRESS 156 SUMMER HUT LANE, STATESVILLE, NC 28677

LOCATION US 21 N, TL JENNINGS RD, TL FRIENDSHIP ROAD, 1ST MH ON RIGHT PAST SERENITY LANE AT BOX #240

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1 ACRE SITE CLASS. PS DESIGN FLOW 300 L.T.A.R. 0.4 (EXISTING)

Septic Tank: 1000 Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines THREE Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth 12"

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

System Description: CONVENTIONAL, 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 WELL

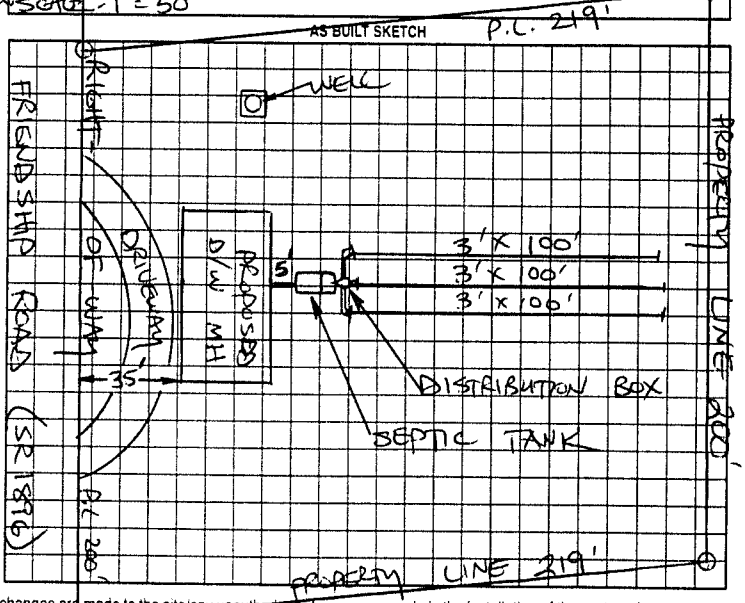
Comments/Conditions:

Comments/Conditions: SYSTEM INSTALLED OUT OF CONTOUR AND UNDERSIZED ACCORDING TO TODAY'S STANDARDS

INITIAL SITE SKETCH

SCALE: 1" = 50'

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: _____ date _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: STEVE HEDRICK date 2-27-02

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