IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 090240 PIN# 4749634522 DATE June 29, 2000

OWNER OR CONTRACTOR David Gagnon PHONE: Business _____ Home _____

ADDRESS 1409 Jennings Rd. Statesville NC. 28625

LOCATION I-77 N TL Tomlin Mill Rd TL Jennings Rd ~1/4 mile on Right (1433 Jennings Rd.)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ~2.5ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 6-13-00
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"

☑ New System ☐ Repair System Type: I. II. III. IV. V. VI.
System Description: Gravity Conventional
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth 12" ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

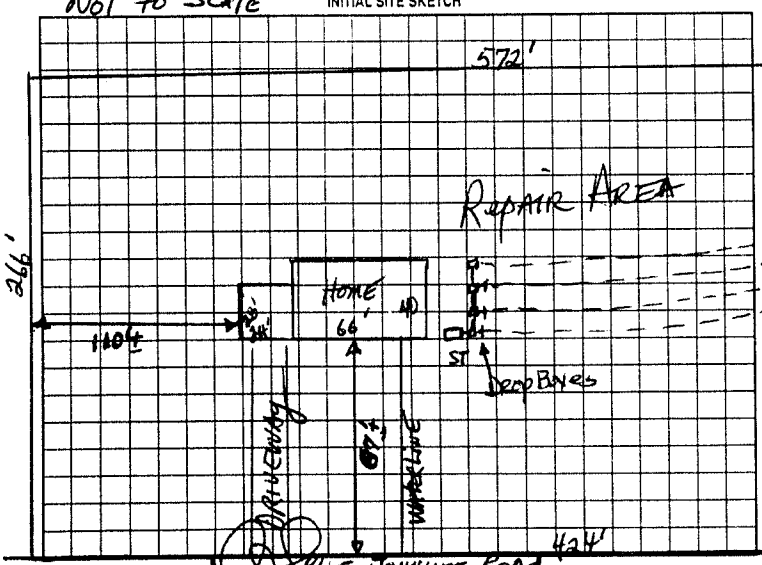
☐ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

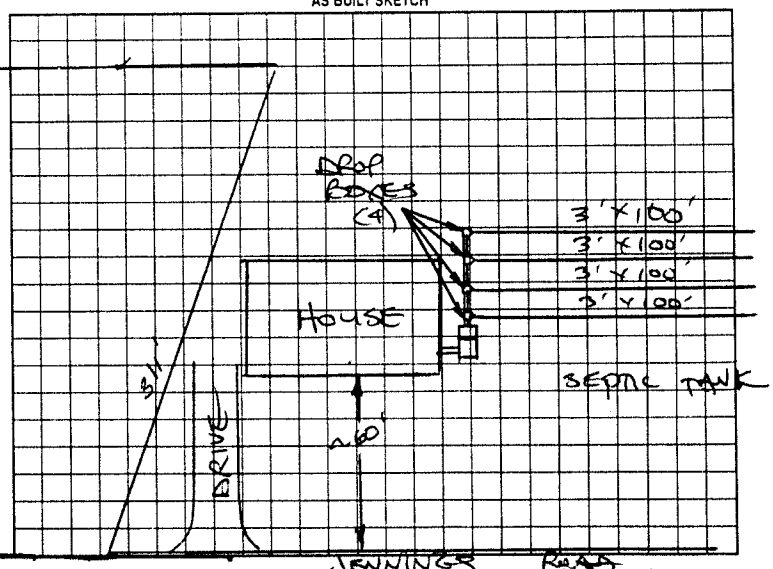
Comments/Conditions:

Comments/Conditions: SEPTIC TANK W/ MARKER INSTALLED ACCORDING TO INITAL SITE SKETCH USING "POLYLOK" FILTER (TANK ORIENTED AS SHOWN BELOW)

NOT to SCALE 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 with no 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: David Gagnon date _____

Improvement Permit by: [signature], RS date 6-29-00

Authorization to Construct by: [signature], RS date 6-29-00

Installed by: Tommy Frye

Operation Permit by: Steve Hedrick date 9-12-00

Existing System Inspection by: _____ date _____

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