IREDELL COUNTY HEALTH DEPARTMENT

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

(C1) **IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION**

PERMIT# 108715 PIN# 4749-67-0732 DATE 9-13-02

OWNER OR CONTRACTOR ANN M. SMITH PHONE: Business _____ Home 704-876-4899

ADDRESS 206 RAIDER ROAD, STATESVILLE, NC 28625

LOCATION US 21 N, TL JENNINGS RD, TL RAIDER ROAD, LOT #2 ON RIGHT AT CON-LEE DRIVE

SUBDIVISION CON-LEE HEIGHTS BLOCK / SECTION _____ LOT 2 LOT AREA 0.54 SITE CLASS PS DESIGN FLOW 240 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 2-13-02

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270

No Lines ~~FIVE~~ FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, (II), III, IV, V, VI

System Description: CONVENTIONAL, GRAVITY

Repair System Description: CONVENTIONAL, PUMP

Maintenance Agreement Required: ☐ Yes ☑ No GRAVITY

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

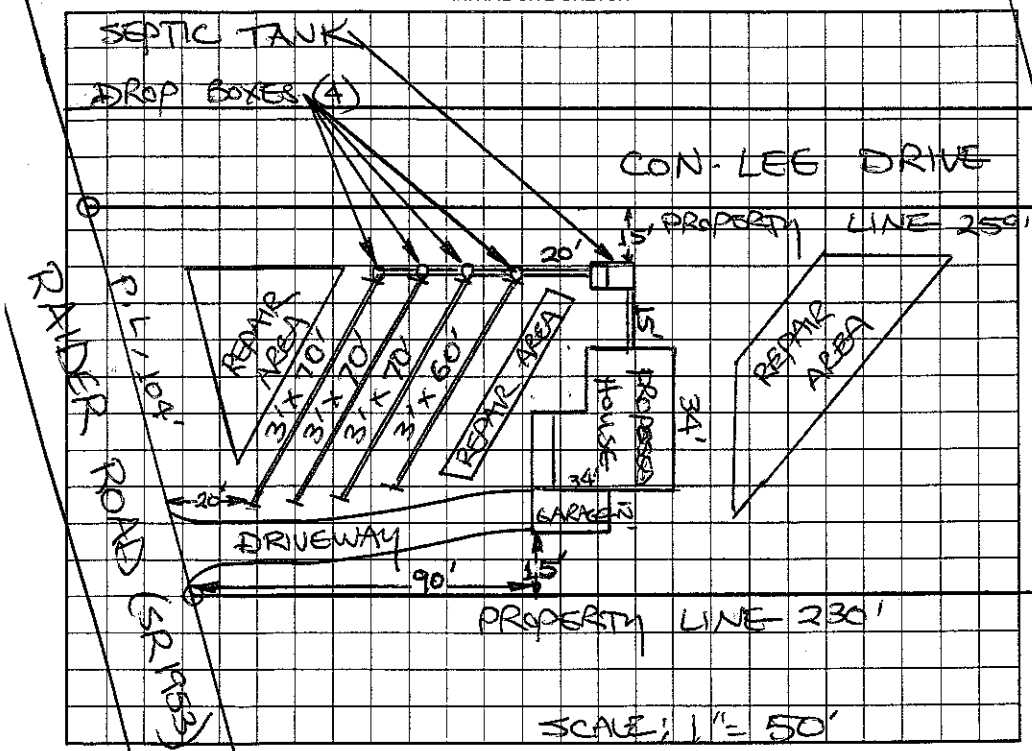
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

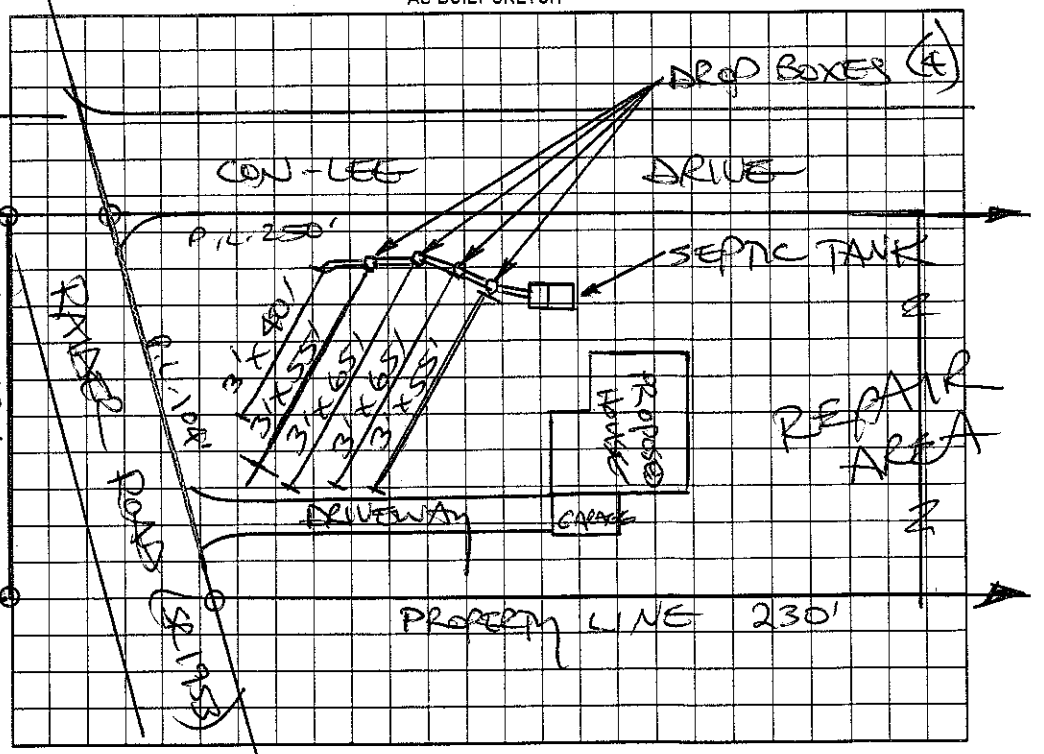
Comments:/Conditions: KEEP SYSTEM MINIMUM 15' FROM TOP OF CUTS OR EMBANKMENTS. SYSTEM SIZED FOR TWO BEDROOMS ONLY.

Comments:/Conditions: (1) SYSTEM ALTERED AS SHOWN DUE TO DRIVEWAY PLACEMENT (2) SEPTIC TANK WITH MARKER INSTALLED USING "ZABEL" FILTER

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: X Ann M. Smith date 9/14/09 Installed by: KENNY MADISON

Improvement Permit by: STEVE HEDRICK date 9-13-02 Operation Permit by: STEVE HEDRICK date 1-13-03

Authorization to Construct by: STEVE HEDRICK date 9-13-02 Existing System Inspection by: _____ date _____

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