IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100919 PIN# 4751799111 DATE 6-27-01

OWNER OR CONTRACTOR Sylvia Jenkins PHONE: Business 872-2999 ext 296 Home (704) 924-9986

ADDRESS 1311 Forest Park Terrace Statesville, NC 28677 872-1409

LOCATION I-77 To Amity Hill Rd ~ 2 7/10 mile on left, next to #3481

SUBDIVISION J. Allen Edmiston BLOCK / SECTION ____ LOT 25 LOT AREA ~.5 acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 3/2 Date 4-11-01

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 20" Gravel Depth 12"

[X] New System [ ] Repair System Type: [I] II III IV V VI

System Description: Gravity - Convential

Repair System Description: Gravity - 25%-50% Reduction

Maintenance Agreement Required: [ ] Yes [X] No

[ ] House/Mod. Home [X] Mobile Home [ ] Business [ ] Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

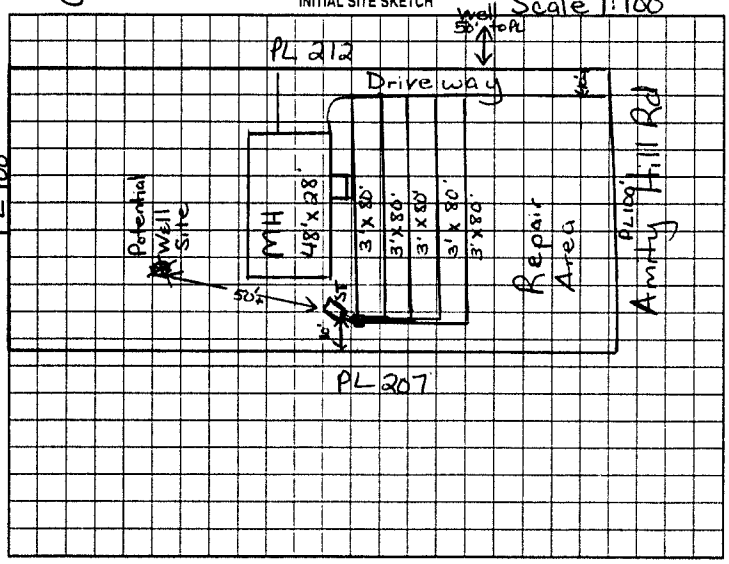
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

Comments/Conditions: Keep Septic System at least 10' from PL, 50-100' to any well and at least 5' off House foundation
Okay to use "Distribution" or "Drop Boxes"

Comments/Conditions: 2ABC FILTER & MARKER INSTALLED AS SHOWN WITH D-BOX & LEVELERS

INITIAL SITE SKETCH Scale 1:100'



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: Sylvia Jenkins date 6/27/2001 Installed by: Mitchell Backhoe

Improvement Permit by: Maria H. Dotson RS date 6/27/2001 Operation Permit by: [signature] RS date 7-19-01

Authorization to Construct by: Maria H. Dotson RS date 6/27/2001 Existing System Inspection by: ____ date ____

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