# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 88816 BIN# 4751315331 DATE May 9 2000

OWNER OR CONTRACTOR LAURA L. SPIVA PHONE: Business _____ Home 8725425

ADDRESS 173 Tucker Rd STATESVille NC

LOCATION Amity Hill To Tucker ~1/4 on Tucker Lt on left 173 mailbox

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 156 Date 11/17/99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 120 Linear Feet 400
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: Conv. GRAVITY
Repair System Description: GRAVITY Reduction
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home 5W No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

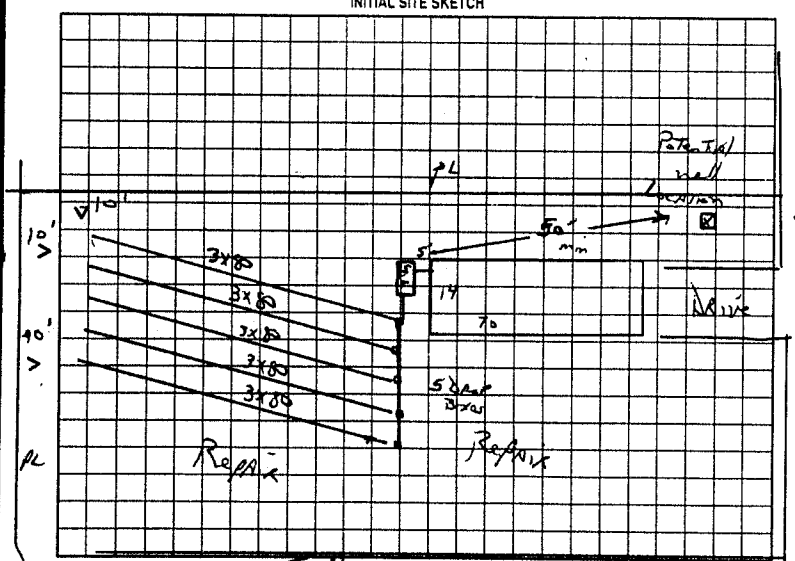
Gravel Depth 12" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

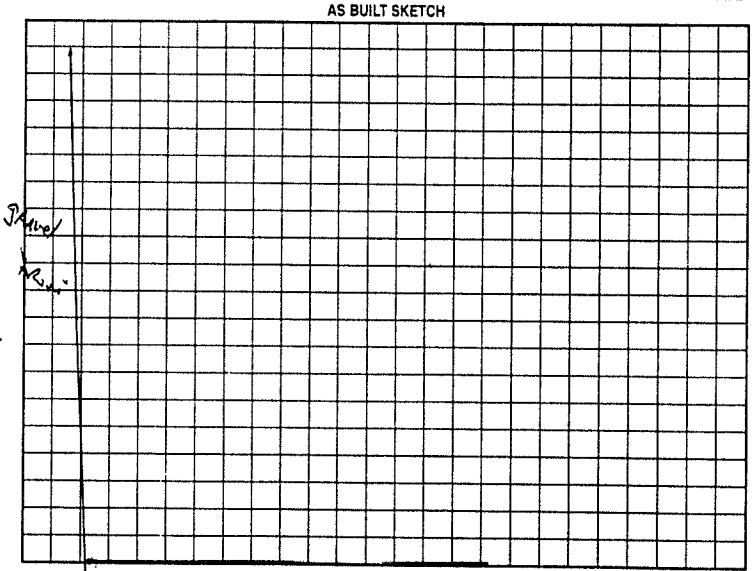
Comments/Conditions: Remove field TERRACE Installation CONTOUR

Comments/Conditions:

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: Laura Spiva date 6-6-00 Installed by: Fred Neat Const.

Improvement Permit by: J C Potter date May 9 2000 Operation Permit by: Conv. M.M. RSJ date 8/11/00

Authorization to Construct by: J C Potter date June 6 2000 Existing System Inspection by: _____ date _____

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