19698

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 9903 Statesville PIN# 4745-04-9243 DATE 4-13-00

OWNER OR CONTRACTOR Wanda Faulkenberry PHONE: Business _____ Home _____

ADDRESS 224 Fieldcrest Dr. Statesville, N.C.

LOCATION Eastside Dr. Turn Scott Rd TL ORA Dr. lot on Rt. 1922 ORA Dr.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .2

Septic Tank: 1000 Gallons; STB Dellinger Date 4 23 00
Pump Tank: 1000 Gallons; PT Dellinger Date 3 13 00
Pump Make: Hydromatic Model SK50A Serial No 5AEF5.0AT
Nitrification Field: No Fields ___ Square Feet _____ Linear Feet _____
No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☑ New System ☐ Repair System Type: I. II III IV. V. VI
System Description: Pump to 25% Reduction
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

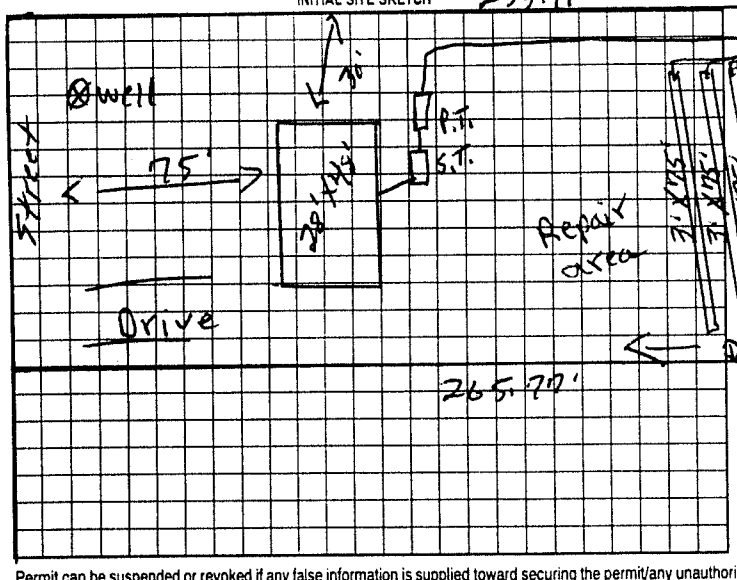
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees ___
☐ Other _____

Water Supply:
☑ Individual
☐ Public
☐ Community

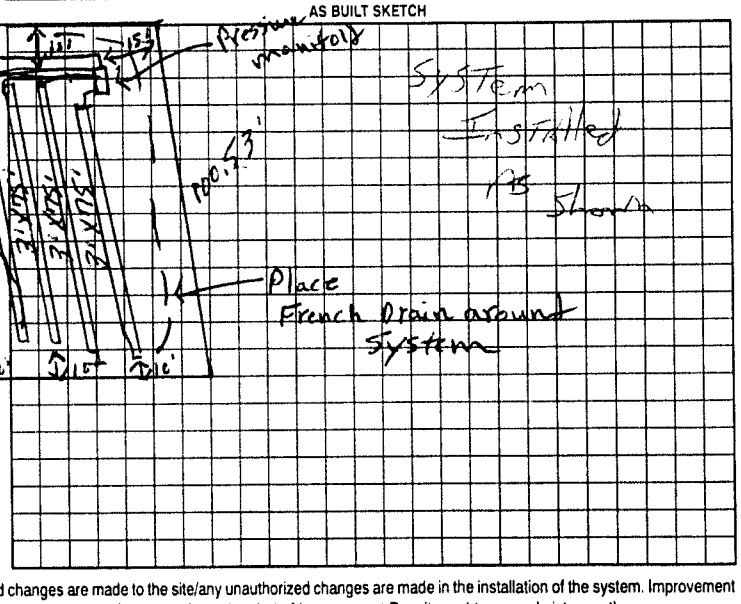
Comments/Conditions: See Attached Sheets for Pump Tank & Pressure manifold set up

Comments/Conditions: 5-26 inspected lines & pipes in trench d.t.h. only me Chambers used July 7 2000, Diversion Ditch installed - Alpha Red Electric Press was set

INITIAL SITE SKETCH 253.91'



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: Steve Lyle date 4-17-00 Installed by: Craig Thompson

Improvement Permit by: P.C. Moore date 4-13-00 Operation Permit by: Lee Potter date July 7 2000

Authorization to Construct by: P.C. Moore date 4-13-00 Existing System Inspection by: _____ date _____

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