IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# [redacted] 4754 53 7777 DATE 5-2-01

OWNER OR CONTRACTOR RANDALL MYERS PHONE: Business _____ Home 902-3199

ADDRESS 2534 HICKORY HWY, STATESVILLE, NC 28677

LOCATION EAST BROAD, R GREENBRIAR, R ABSHER, ON CORNER OF ABSHER & MAHOGANY

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.14 SITE CLASS _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: EXISTING Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 170'

No Lines 3 Trench Width 36" Max Trench Bottom Depth _____

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

System Description: CONV GRAV

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth (18") ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees _____

☐ Other _____

Water Supply: ☐ Individual ☒ Public ☐ Community

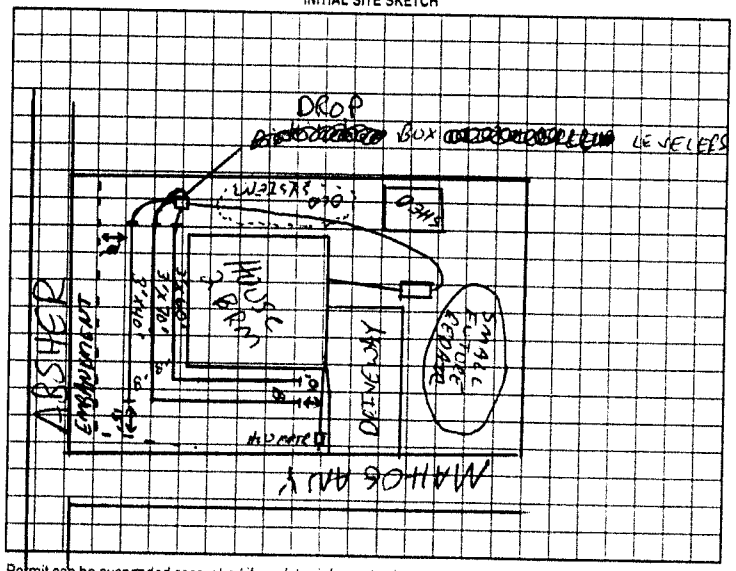
Comments/Conditions: ① LINES 8' ON CENTER & 5' off Foundation

② STAY OFF EMBANKMENT THE GIVING SETBACKS BELOW

③ STAY 10' off water line ④ USE 18" of stone

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: _____ date 5/11/01 Installed by: ADAMS GRADING

Improvement Permit by: Jim Cook RSI date 5-3-01 Operation Permit by: Jim Cook RSI date 6-20-01

Authorization to Construct by: Jim Cook RSI date 5-3-01 Existing System Inspection by: _____ date _____

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