IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 105576 PIN# 4754-55-8054.B DATE 04-25-02

OWNER OR CONTRACTOR CHRISTOPHER GRIFFIN PHONE: Business _____ Home 704-873-1554

ADDRESS 216 MAPLE ST STATESVILLE NC 28625

LOCATION 64E (R) GREENBRIAR, ACROSS [redacted] E. BROAD ST. (R) ABSHER, AT END ON RT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.0 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 5/18/02
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

X New System ☐ Repair System Type: I (II) III IV V VI
System Description: CONV GRAV
Repair System Description: GRAV 2540 RED
Maintenance Agreement Required: ☐ Yes X No
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

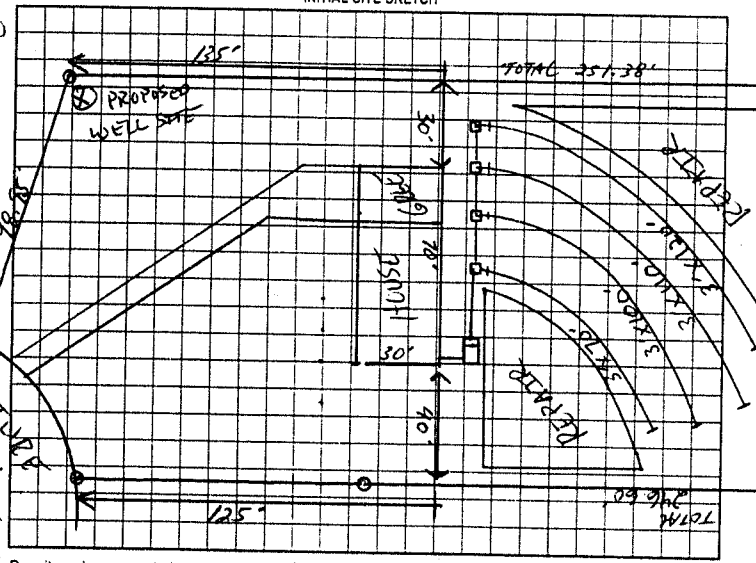
X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: X Individual X Public ☐ Community CHANGED

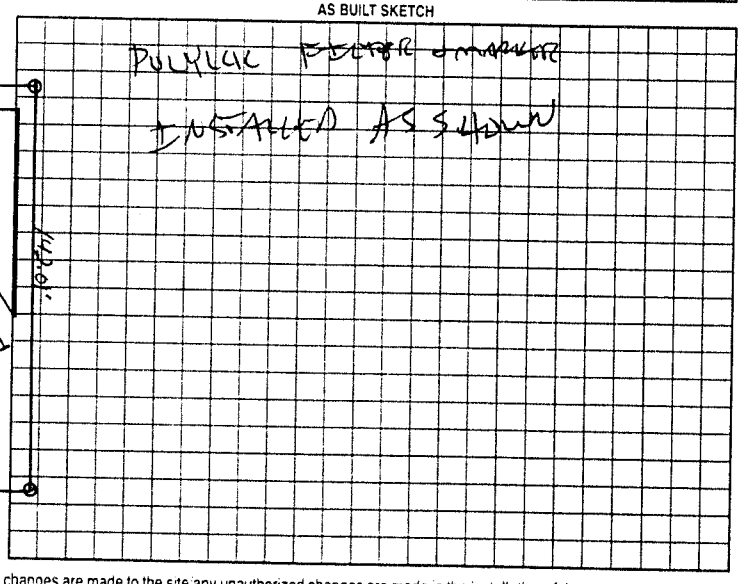
Comments/Conditions: (1) SYSTEM & HOUSE IS COMPLETELY FLAGGED OUT; (2) MAINTAIN SETBACKS (3) INSTALL LINES ON CONTOURS. (4) TALKED TO JIM WITH SUNBELT HOMES ON 05-13-02 & CHANGED FROM PUBLIC H2O TO INDIVIDUAL DUE TO STATE (community)

Comments/Conditions: H2O STDS NOT BEING MET. TOLD HIM TO PLACE WELL 100' AWAY FROM ANY PART OF SYSTEM OR REPAIR & PREFERABLY IN FRONT RIGHT CORNER AS DRAWN IN

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 Chris Griffin date 4-25-02 Installed by: DAVID YOUNTZ

Improvement Permit by: _____ date 04-25-02 Operation Permit by: _____ date 08-01-02

Authorization to Construct by: _____ date 04-25-02 Existing System Inspection by: _____ date _____

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