IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 84154 PIN# 4256 32 6766 DATE 1-25-00

OWNER OR CONTRACTOR William Summers PHONE: Business Home 872 4703

ADDRESS 2609 Ebony Acres Statesville, N.C.

LOCATION Crawford Rd / Turn Brookview Rd 0.6 mi Rt.

SUBDIVISION BLOCK / SECTION LOT LOT AREA 11.83 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 3

Septic Tank: 1000 Gallons; STB 794 Date 5-10-99
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"

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: Conv. Gravity
Repair System Description: Pump To 25 So Rotat
Maintenance Agreement Required: ☐ Yes ☑ No

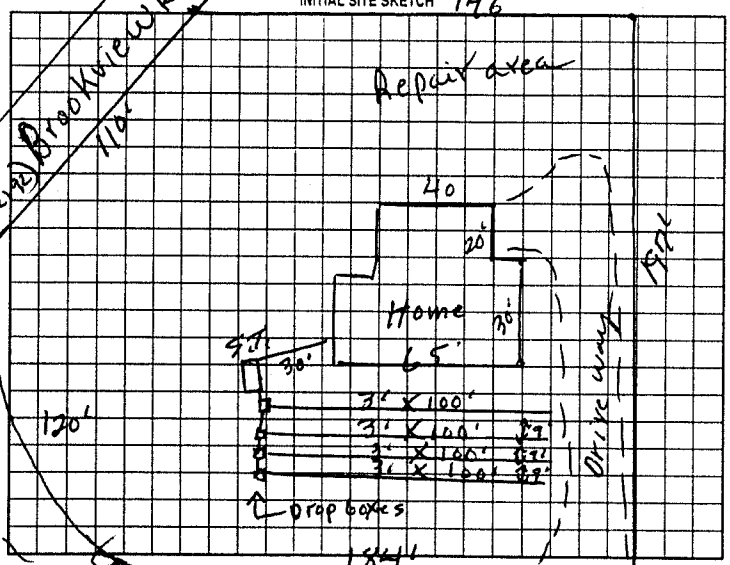
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions:

Comments/Conditions: ① UPPER LINE INSTALLED AT 40" DEEP
② SEPTIC TANK INSTALLED DEEP — NEEDS RISERS EXTENDED TO WITHIN 6" OR CUT DIRT ABOVE TANK TO WITHIN 6"

INITIAL SITE SKETCH 146'



AS BUILT SKETCH

AS SHOWN

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 William W Summers date 01-25-00 Installed by: CRAIG THOMPSON

Improvement Permit by: P. C. Moore date 1-25-00 Operation Permit by: STEVE HENDRICK date 11-17-00

Authorization to Construct by: P. C. Moore date 1-25-00 Existing System Inspection by: date

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