LOT 20A

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# _____ DATE 6-1-01

OWNER OR CONTRACTOR COUNTRY SIDE ESTATES PHONE: Business 704-450-7436 Home _____

ADDRESS LOT 20A, 129 NEW MEXICO DR, STATESVILLE NC 28625

LOCATION 21N, ① JANE SOWERS, ② CRAWFORD, ③ BROOKVIEW, ④ NEW MEXICO ON LEFT

SUBDIVISION COUNTRYSIDE BLOCK / SECTION _____ LOT 20A LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 1000 Gallons; STB 1012 Date 8-27-01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
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: CONV GRAV
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☐ No
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

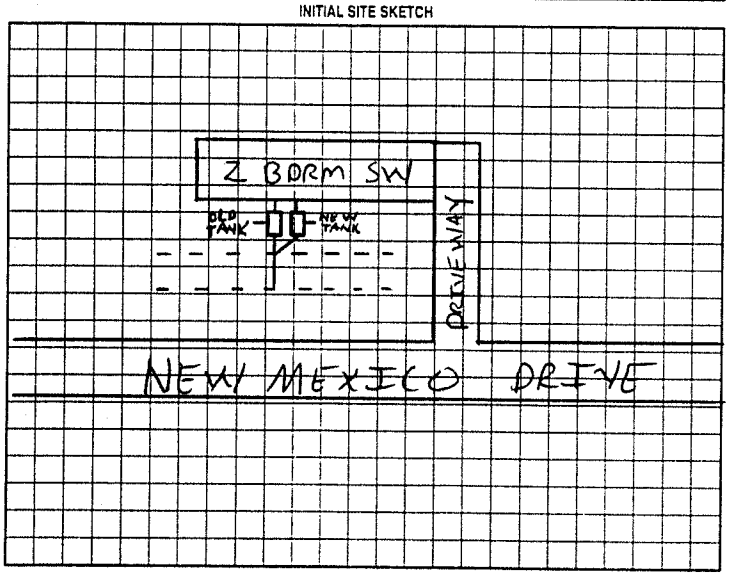
☐ House/Mod. Home No. Bedrooms 2
☒ Mobile Home No. Bathrooms 1
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: ① DIG AROUND OLD TANK TO SEE WHERE OUTLET IS - THEN SET NEW TANK ② DRAINFIELD TO DEEP TO PROBE SO BELOW IS A BEST GUESS ③ CRUSH OLD TANK & REPLACE WITH NEW 1000 GAL TANK

Comments/Conditions: POLYLOK FILTER & MARKER

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: Tracy D. Payne date 6-1-01 Installed by: STEVE JORDAN

Improvement Permit by: John Carlo REI date 6-1-01 Operation Permit by: _____ date 11-5-01

Authorization to Construct by: John Carlo REI date 6-1-01 Existing System Inspection by: _____ date _____

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