IREDELL COUNTY HEALTH DEPARTMENT

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

CI

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

PERMIT# 100070 PIN# 4756690779 & 4756690635 DATE 5-11-01

OWNER OR CONTRACTOR DANNY ASH CRAFT PHONE Business _____ Home 704-871-9536

ADDRESS 120 WESTVIEW LN, STATESVILLE, NC 28625

LOCATION HWY 21 N, (R) JANE SOWERS, (L) BAYMOUNT ON RIGHT

SUBDIVISION BAYMOUNT BLOCK / SECTION _____ LOT 9 & 10 LOT AREA 1.55 SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .35

Septic Tank: 1000 Gallons: STB 794 Date 9-25-01
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1371' Linear Feet 455'
No Lines 7 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: PUMP/PANEL/ 25% RED
Maintenance Agreement Required ☐ Yes ☐ No

X House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____

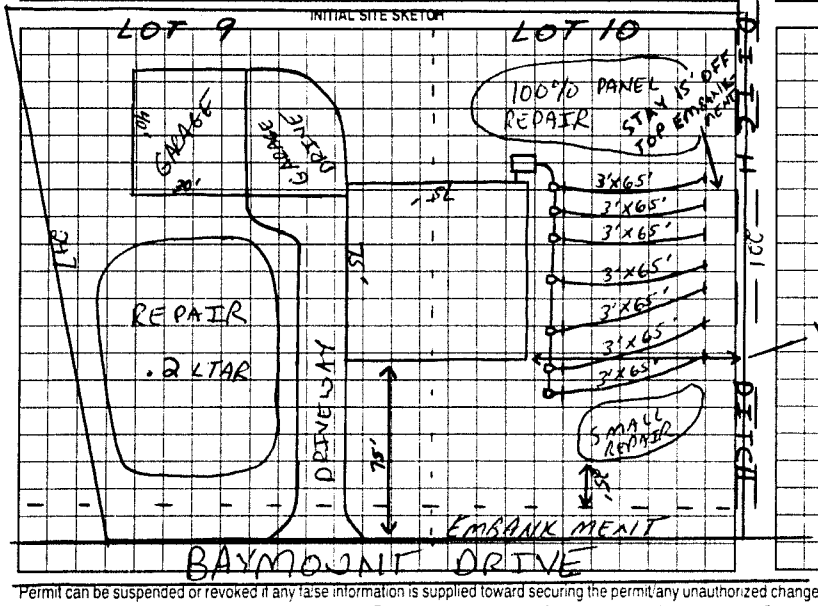
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual X Public ☐ Community

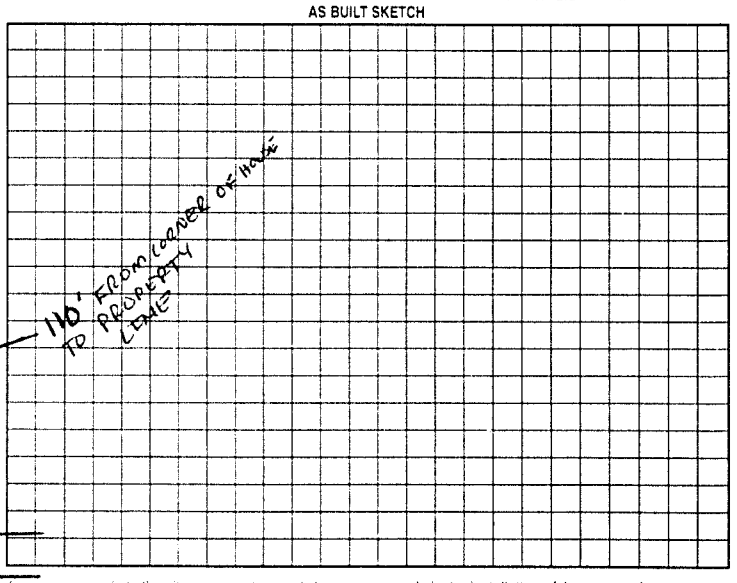
Comments/Conditions ① INSTALL LINES ON CONTOUR ② STAY 15' OFF DITCH, 10' off property lines, & 5' off house. ③ KEEP H2O LINE 10' FROM SYSTEM

Comments Conditions ZABEL 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: Danny K Ashcraft date 5-11-01

Improvement Permit by: Jane Cook REI date 5-11-01

Authorization to Construct by: Jane Cook REI date 5-11-01

Installed by: LARRY BEAM

Operation Permit by: _____ date 04-05-02

Existing System Inspection by: _____ date _____

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