IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 8-15-00

PERMIT# 91257 PIN# 4756762706

OWNER OR CONTRACTOR Van Thomas PHONE: Business 873 3673 Home 828 478 9442

ADDRESS 9758 Riviera Dr Sherrills Ford, N.C.

LOCATION Old Mocksville TL Jane Sowers 2nd lot past Tracy Ln on left.

SUBDIVISION Grantview BLOCK / SECTION ____ LOT 3 LOT AREA .159 acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .33 gal/sq ft/day

Septic Tank: 1000 Gallons; STB 1007 Date 1-30-01
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360
No Lines 3 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% Rdct.
Maintenance Agreement Required: ☐ Yes ☐ No

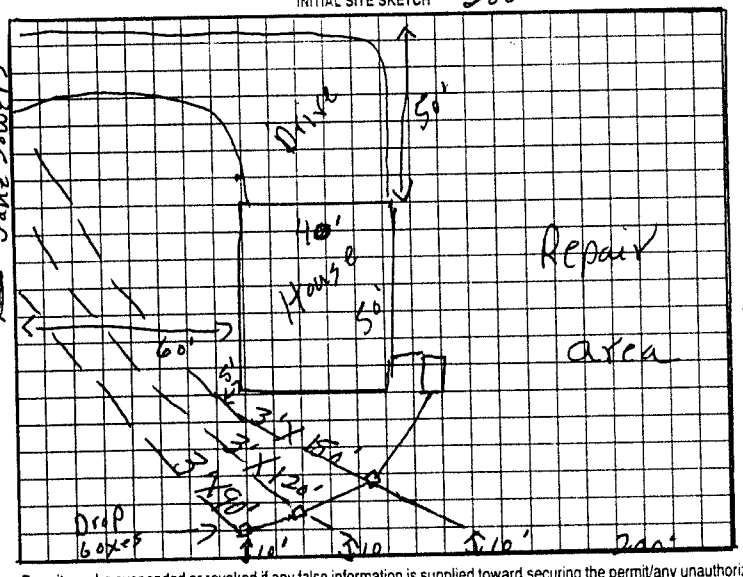
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2½
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions:

Comments/Conditions: SEPTIC TANK WITH RISERS INSTALLED USING "POLYLOK" FILTER

INITIAL SITE SKETCH 200'



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE SKETCH

150'

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 [signature] date ____ Installed by: JAMES HUNTER

Improvement Permit by: [signature] date 8-15-00 Operation Permit by: STEVE HEDRICK date 3-01-01

Authorization to Construct by: [signature] date 8-15-00 Existing System Inspection by: ____ date ____

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