IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 75909 PIN# 4757 07 2746

OWNER OR CONTRACTOR John Lundy DATE 8-17-98

PHONE: Business ______ Home 8766009

ADDRESS 198 Woodpecker Rd Statesville N.C.

LOCATION Hwy 21N TL Jennings Rd TR Reeves Rd 2nd Rt on left Rydel Ln 1st lot Rt.

SUBDIVISION Amblesid BLOCK / SECTION II LOT 18 LOT AREA 122' X 224 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB ______ Date ______

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ______

☑ New System ☐ Repair System Type: I, (II), III, IV, V, VI

System Description: Conv. Gravity

Repair System Description: Gravity 75% Red.

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ______

No. Bedrooms 3 No. Bathrooms 2 No. Employees ______

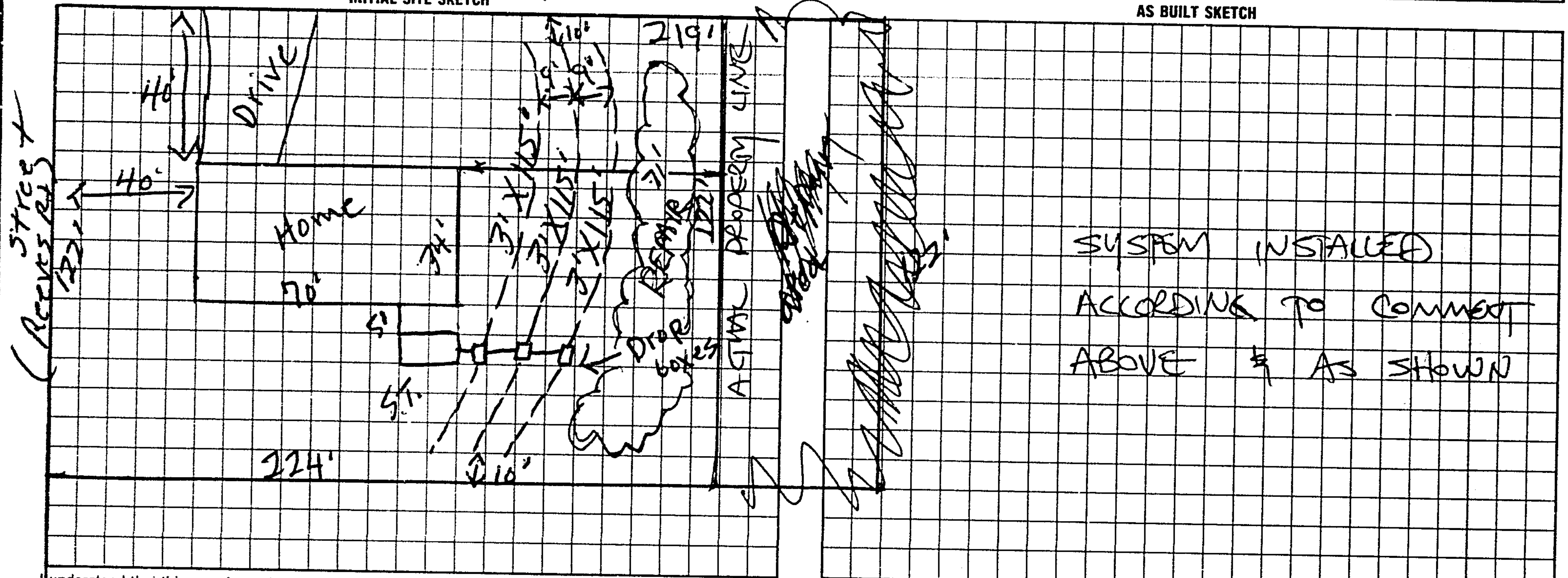
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: THREE LINES AT ~ 105 FEET EACH INSTALLED DUE TO PROPERTY LINE SETBACK (TOTAL LINE ~315')

INITIAL SITE SKETCH AS BUILT SKETCH



I understand that this 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 John Lundy date ______ Installed by: A-1 BACKHOE

Improvement Permit by: L. C. Moore date 8-17-98 Operation Permit by: STEVE HEDRICK date 10-26-98

Authorization to Construct by: L. C. Moore date 8-17-98 Existing System Inspection by: ______ date ______

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

21500