IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 095086 PIN# 4757077786 DATE 3-16-01

OWNER OR CONTRACTOR BRIAN THOMAS PHONE: Business _____ Home 876-6709

ADDRESS 293 REEVES RD, STATESVILLE, NC 28625

LOCATION HWY 21 N, (L) JENNINGS, (R) ON REEVES, ON LEFT OFF THE ROAD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons: STB 1012 Date 3-13-01

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1028 Linear Feet 340'

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

[X] New System [ ] Repair System Type: I. (II.) III. IV. V. VI

System Description: CONV GRAV

Repair System Description: CONV GRAV

Maintenance Agreement Required: [ ] Yes [ ] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 3 No. Bathrooms 4 No. Employees _____

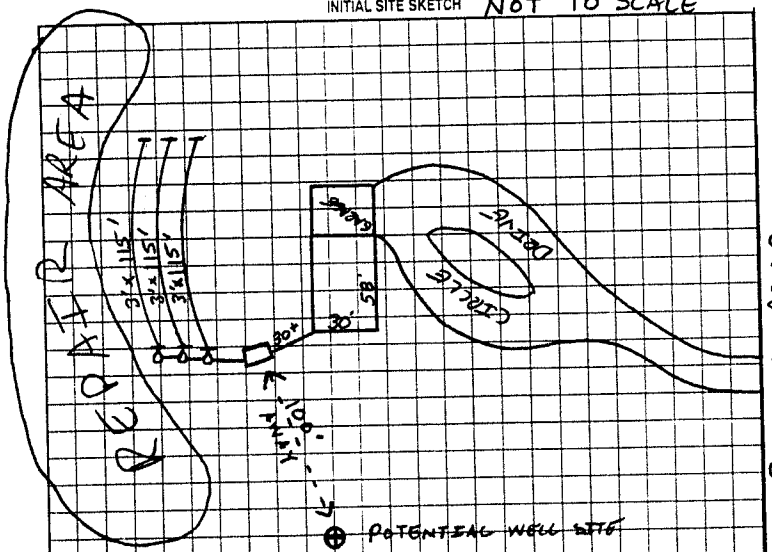
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community WELL

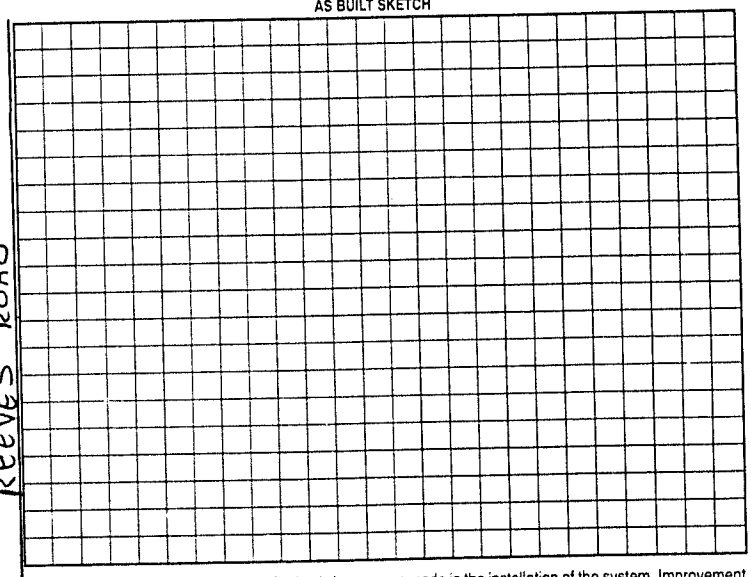
Comments/Conditions: (1) INSTALL LINES ON CONTOUR (2) KEEP WELL 100' AWAY FROM ANY PART OF SYSTEM (3) USE 3 PROP BOXES (4) IF YOU WANT System FLAGGED OUT BEFORE INSTALLATION CALL 928-2030 Between 8-9 a.m.

Comments/Conditions: POLYLOK FILTER & MARKER INSTALLED AS SHOWN

INITIAL SITE SKETCH NOT TO SCALE



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: HEATHER McTHOMAS date 03-16-01

Improvement Permit by: _____ date 03-15-01

Authorization to Construct by: _____ date 03-15-01

Installed by: STEVE JORDAN

Operation Permit by: _____ date 8-2-01

Existing System Inspection by: _____ date _____

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