IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111680 PIN# 4757-38-9211 DATE 5-7-03

OWNER OR CONTRACTOR WAYNE & DEBBIE WHITNEY PHONE: Business 704-880-1150 Home 704-871-9048

ADDRESS 1313 KNOX ST, STATESVILLE, NC 28677

LOCATION 21 NORTH, (L) MAPLE CREEK (L) FOUR WINDS DR, LOT # 24 AT END IN CUL-DE-SAC

SUBDIVISION MAPLE CREEK BLOCK / SECTION 1 LOT 24 LOT AREA 1.08 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 4-5-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 4X100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

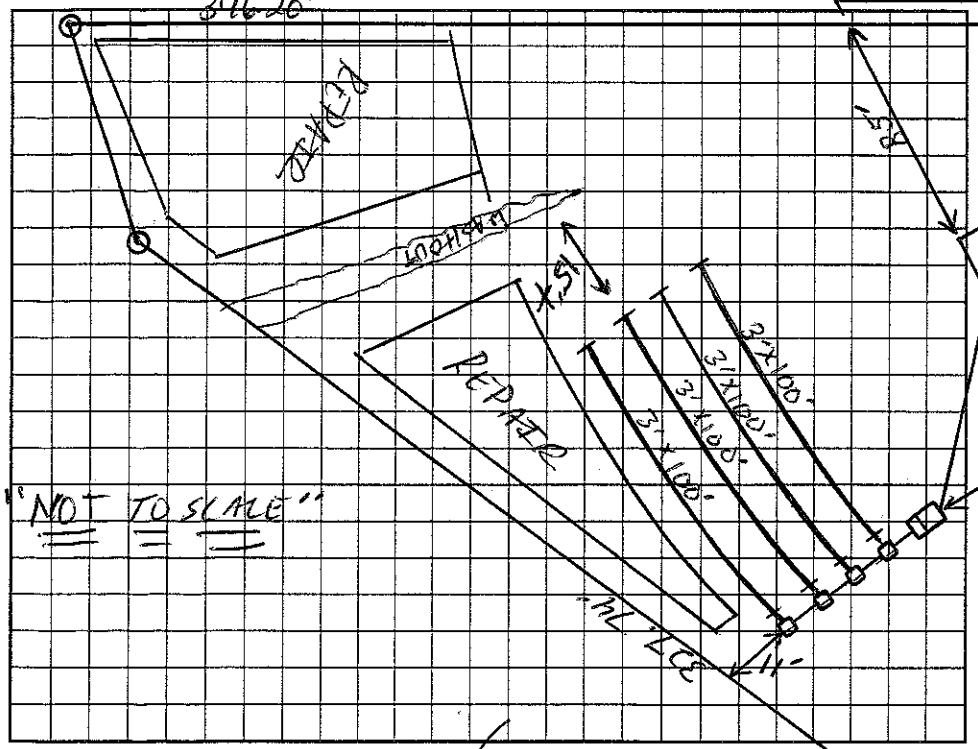
☒ New System ☐ Repair System Type: I, (II) III, IV, V, VI
System Description: GRAV (CONV
Repair System Description: GRAV 25% REDUCT
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

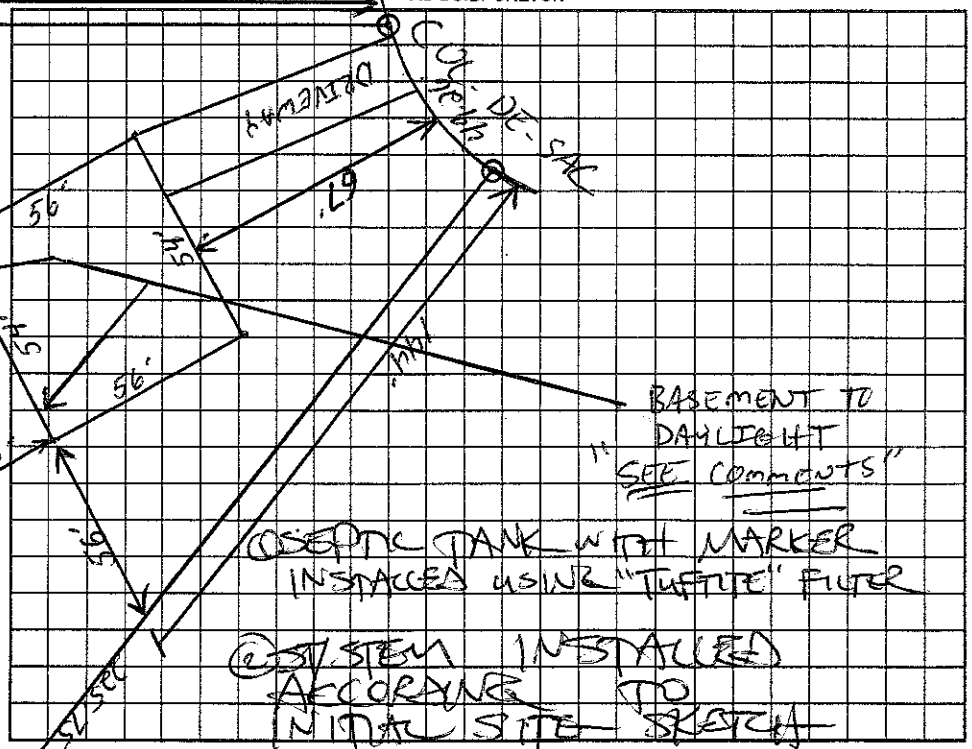
Water Supply:
☐ Individual
☒ Public
☐ Community

Comments:/Conditions: (1) MET WITH BUILDER @ BASEMENT. DO NOT CUT BASEMENT NO DEEPER THAN 3 FEET DEEP FROM NATURAL GRADE OR THIS PERMIT WILL BE VOID. EXCESSIVE CUTTING WILL NOT ALLOW GRAVITY FALL FROM HOUSE TO DRAINFIELDS & TANK. (2) SYSTEM & HOUSE IS ENTIRELY FLAGGED OUT. MAKE SURE FALL IS MAINTAINED FROM HOUSE TO TANK ON SUPPLY LINE. (3) MAINTAIN SETBACKS (4) INSTALL LINES ON CONTOURS (5) FILL & PACK WASHOUT.

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: [signature] date 5-7-03 Installed by: STEVE JORDAN

Improvement Permit by: [signature] date 5-7-03 Operation Permit by: STEVE HENDRICK date 10-21-03

Authorization to Construct by: [signature] date 5-7-03 Existing System Inspection by: ____ date ____

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