IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 0891Q PIN# 4757 56 7737 (pt) DATE May 19, 2000

OWNER OR CONTRACTOR James Perry Reid PHONE: Business 872-5352 Home

ADDRESS 468 Turnersburg Hwy Statesville

LOCATION 21 N, to 132 2 1/2-3/4 mile past Bethany Rd on Right

SUBDIVISION BLOCK / SECTION LOT LOT AREA 1.592 AC SITE CLASS 15 DESIGN FLOW 360 gpd L.T.A.R. 3

Septic Tank: 1000 Gallons; STB 1012 Date 9-11-00
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 @ 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: Gravity Conventional
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

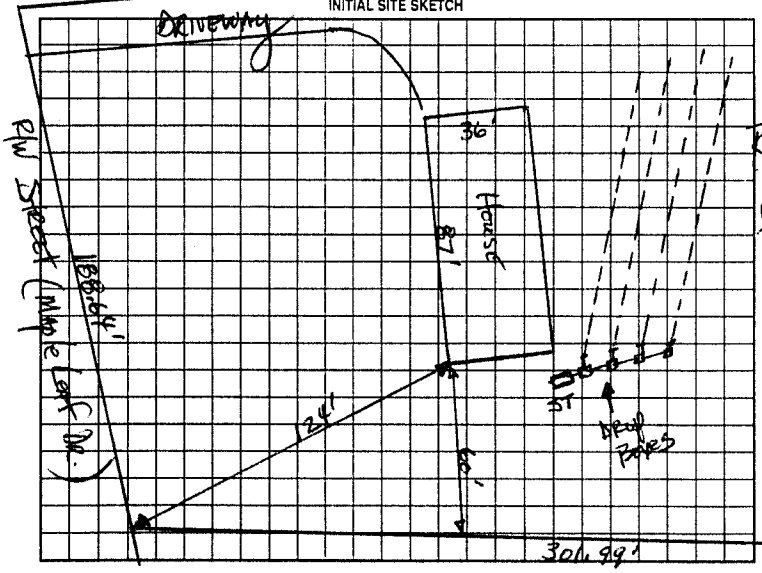
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

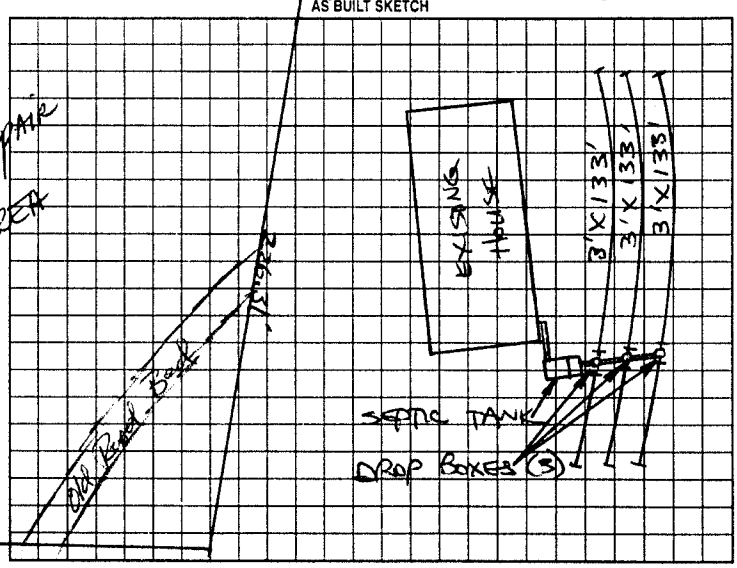
Comments/Conditions: Remove old "Hotpoint" in initial drainfield area.
1" = 50'
3794'

Comments/Conditions: ① SYSTEM ALTERED AS SHOWN BELOW WITH PRIOR HEALTH DEPT. APPROVAL.
② SEPTIC TANK W/ RISERS INSTALLED USING "POLY LOK" FILTER

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: Carol Reid date 5-20-00 Installed by: STEVE JORDAN

Improvement Permit by: [signature] IPS date 5-19-00 Operation Permit by: STEVE HERRICK date 12-12-00

Authorization to Construct by: [signature] IPS date 5-19-00 Existing System Inspection by: date

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