IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 160563 PIN # 4757-65-2766 DATE 23 April 10

OWNER or APPLICANT Steven H. Bell PHONE: Business Cell (704) 880-0611 Home:

OWNER or APPLICANT ADDRESS 122 Four Winds Dr. Statesville

LOCATION / DIRECTIONS Hwy 21 N (Turnersburg Hwy) on Left just past Maple Creek

SUBDIVISION BLOCK / SECTION LOT # LOT AREA 5.52ac. DESIGN FLOW 240gpd L.T.A.R. 0.3 gal/ft²/d

Septic Tank 1000 Gallons: STB Date

Pump Tank Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields 1 No Lines 2 Linear Feet 200

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type I II III IV V VI

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 1

☐ Business No. Persons

☐ Other No. Employees

☑ Slab ☑ Crawl Space

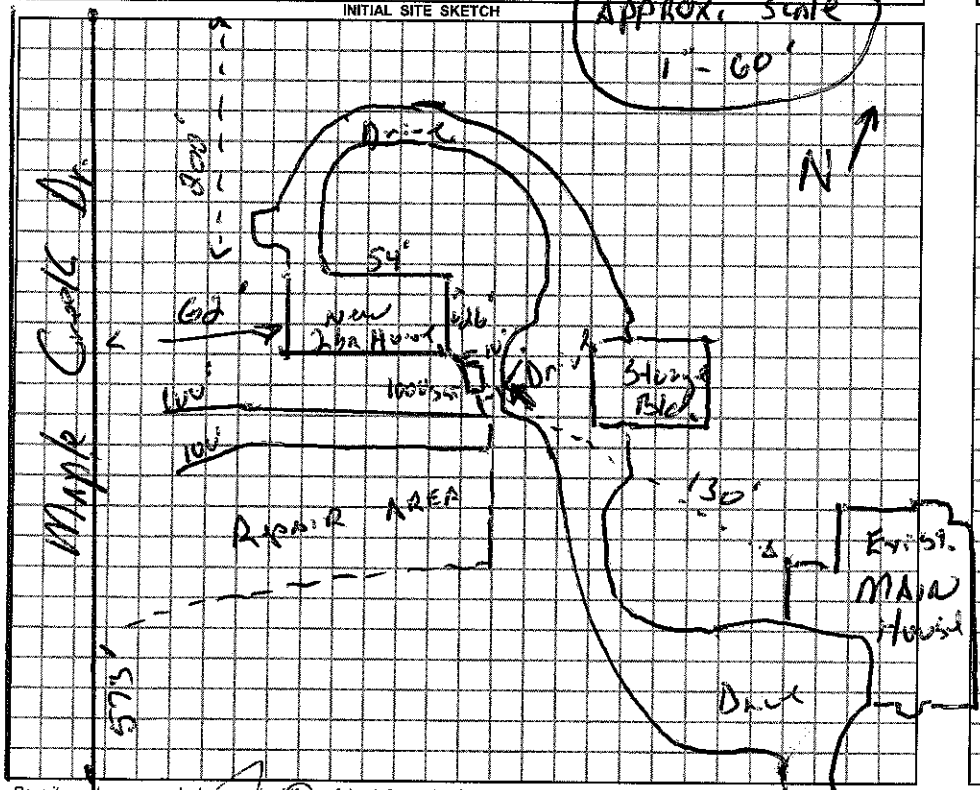
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Follow contour with system / Keep system >15' from Road Cut (Maple Creek Dr.)

Comments / Conditions: Polylock Fittings. Septic tank marker

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Drawn on Site plan

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 w / plat valid without expiration. ☑ IMPROVEMENT PERMIT w / site plan valid for 60 mos. ☑ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.

Owner / Applicant Signature: [signature] Date 4/28/10

Improvement Permit by: [signature], R.S. Date 23 April 10

Authorization to Construct by: [signature], R.S. Date 23 April 10

Installed by: Steve Jordan

Operation Permit by: [signature], R.S. Date: 9 Sept. 10

Existing System Inspected by: Date:

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant