IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 19656 PIN# 4758-57-9716 DATE 4-15-04

OWNER OR CONTRACTOR Edward Gatton PHONE: Business _____ Home (704) 876-0678

ADDRESS 253 Fairmont Rd Statesville N.C. 28625

LOCATION Hwy 21 N (L) Fairmont Rd, N ½ mile on left turn @ 253 Fairmont (House off Rd)

SUBDIVISION — / BLOCK / SECTION — LOT — LOT AREA 7.88 Ac. SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .30 gpd

Septic Tank: 1000 Gallons; STB 1012 Date 11-3-03
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 30" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: Gravity Conventional
Repair System Description: Gravity Conventional
Maintenance Agreement Required: ☐ Yes ☐ No

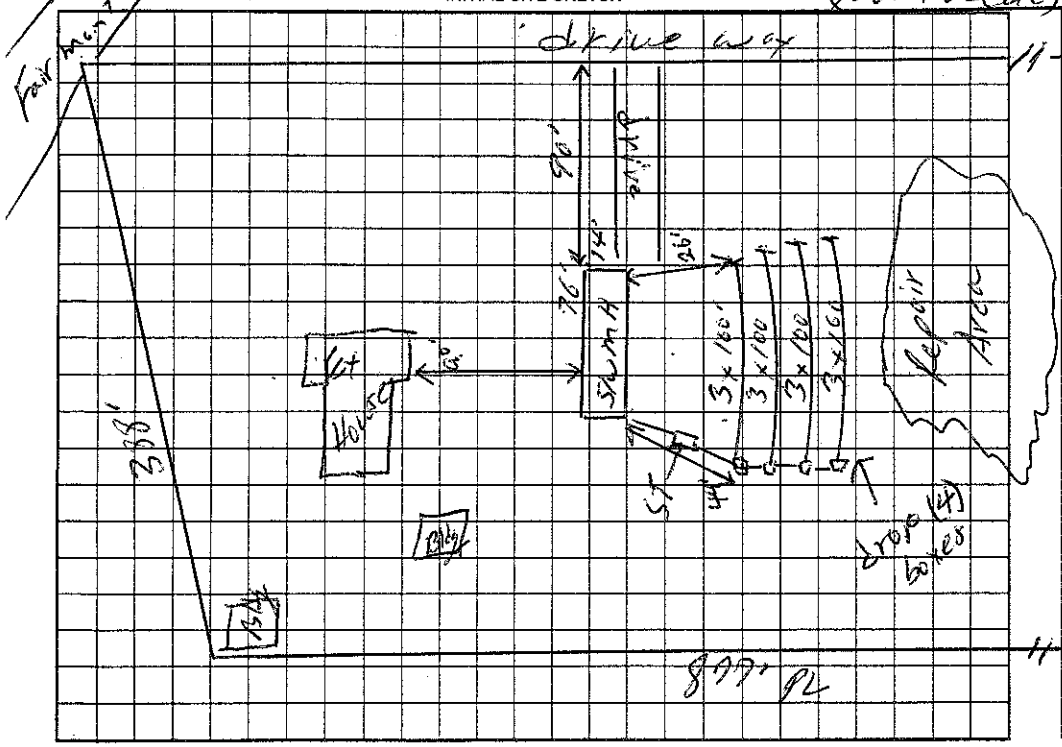
☒ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

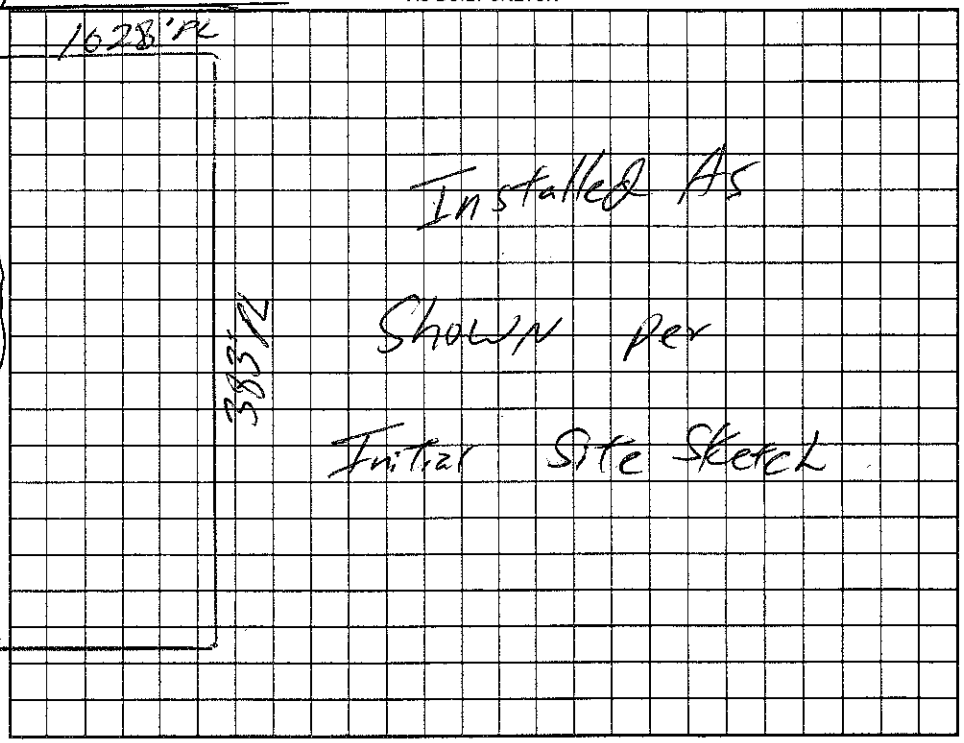
Comments:/Conditions:

Comments:/Conditions:
ST marker + Tuff Tite Filter Installed

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: Edgar Gatton date 4/15/04
Improvement Permit by: William O. Johnson date 4/15/04
Authorization to Construct by: William O. Johnson date 4/15/04

Installed by: Steve Jordan
Operation Permit by: William O. Johnson date 4/28/04
Existing System Inspection by: _____ date _____

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