IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100737 PIN# 4761-26-2771 DATE 6/18/01

OWNER OR CONTRACTOR James C. Allen PHONE: Business — Home (704) 528-0285

ADDRESS 196 Fieldcrest Drive Statesville, NC. 28625

LOCATION Hwy 70E, (R) Bethesda, (R) Fieldcrest, on right past the curve

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 1.19 Acres SITE CLASS V5 DESIGN FLOW 240 gpm L.T.A.R. .3

Septic Tank: 1000 Gallons. STB 1760 Date 1-14-02
Pump Tank: ____ Gallons. PT ____ Date ____
Pump Make: ____ Model ____ Serial No ____
Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 267
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

X New System ☐ Repair System Type I (II) III IV V VI
System Description: Gravity, Conventional
Repair System Description: Gravity, 25% Reduction
Maintenance Agreement Required ☐ Yes X No
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

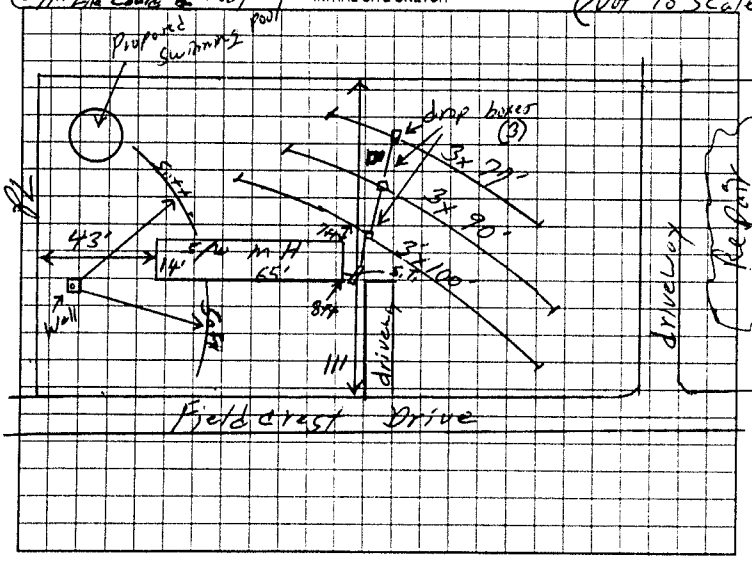
☐ House/Mod Home No. Bedrooms 2
X Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

Water Supply: X Individual ☐ Public ☐ Community

Comments/Conditions: ODR not Forstall Interwet (2) Forfoll lines on contour (3) Keep 10 Ft From property lines (4) Forstall lines minimum of 50 Ft From well, + maximum distance possible. (5) Keep Swimming pool 5 Ft From septic lines. (6 4th Line could be added)

Comments/Conditions – Label Filter Installed
– S.T. Marker Installed

INITIAL SITE SKETCH (Not to Scale)



AS BUILT SKETCH

Installed as Shown per Initial Site 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: James C Allen date ____

Improvement Permit by: William E Johnson date 6/18/01

Authorization to Construct by: William E Johnson date 6/18/01

Installed by Barry Sigmon

Operation Permit by William E Johnson date 4/17/02

Existing System Inspection by: ____ date ____

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