3:30 Rowan ST

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 28332 PIN# 4762-30-1006 DATE 4-6-00

OWNER OR CONTRACTOR Shantva Ivery PHONE: Business Home 528-6177

ADDRESS 119 Glanpy Rd Statesville

LOCATION 70E TR Bethania Rd TR Glanpy beside 3rd Hse Rt.

SUBDIVISION BLOCK / SECTION LOT 1 LOT AREA 1.00 acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 825 Date 5-13-2000 ☑ New System ☐ Repair System Type: I. (II) III. IV. V. VI

Pump Tank: Gallons; PT Date System Description: Conv. Gravity

Pump Make: Model Serial No. Repair System Description: Gravity 25% Red.

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345 Maintenance Agreement Required: ☐ Yes ☑ No

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

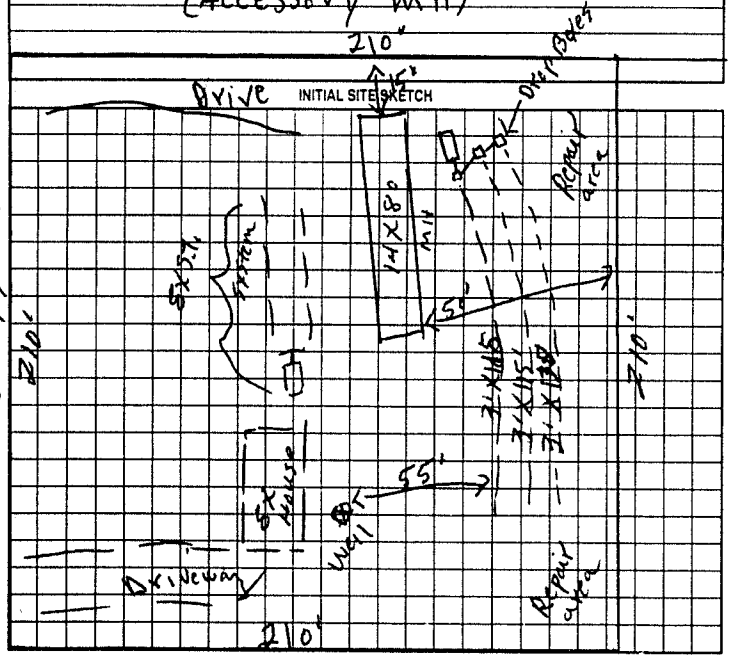
No. Bedrooms 3 No. Bathrooms 2 No. Employees

☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: (Accessory mH)

INITIAL SITE SKETCH



Glanpy Rd

Comments/Conditions: ① SEPTIC TANK WITH MARKER INSTALLED USING "POLY LOK" MARKER ② OLD DRAINLINE INTERSECTED BY UPPER NEW DRAINLINE

AS BUILT SKETCH

SYSTEM INSTALLED AS SHOWN.

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: date 4/10/00 Installed by: ROWAN SEPTIC TANK

Improvement Permit by: P. C. Moore date 4-6-00 Operation Permit by: STEVE HENDRICK date 6-28-2000

Authorization to Construct by: P. C. Moore date 4-6-00 Existing System Inspection by: date

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