IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 090596 PIN# 4762 77 2203

OWNER OR CONTRACTOR Ethel Marie Conley DATE July 15, 2000

ADDRESS 280 Log Cabin Rd. Statesville PHONE: Business 873-5310 Home

LOCATION 70 East TR Bethesda TL Cornflower TR Pine tree TR Log Cabin on left behind 2nd residence (DW)

SUBDIVISION Pine Tree Farms BLOCK / SECTION LOT part of 87 LOT AREA .596 ac SITE CLASS PS DESIGN FLOW 240 gpd L.T.A.R. .225 gal/ft²/day

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 792 Linear Feet 264

No Lines ~4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: Gravity Innovative - 25% Red.

Repair System Description: Gravity Innovative or Panel Block

Maintenance Agreement Required: ☐ Yes ☑ No

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

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

No. Bedrooms 2 No. Bathrooms 2 No. Employees

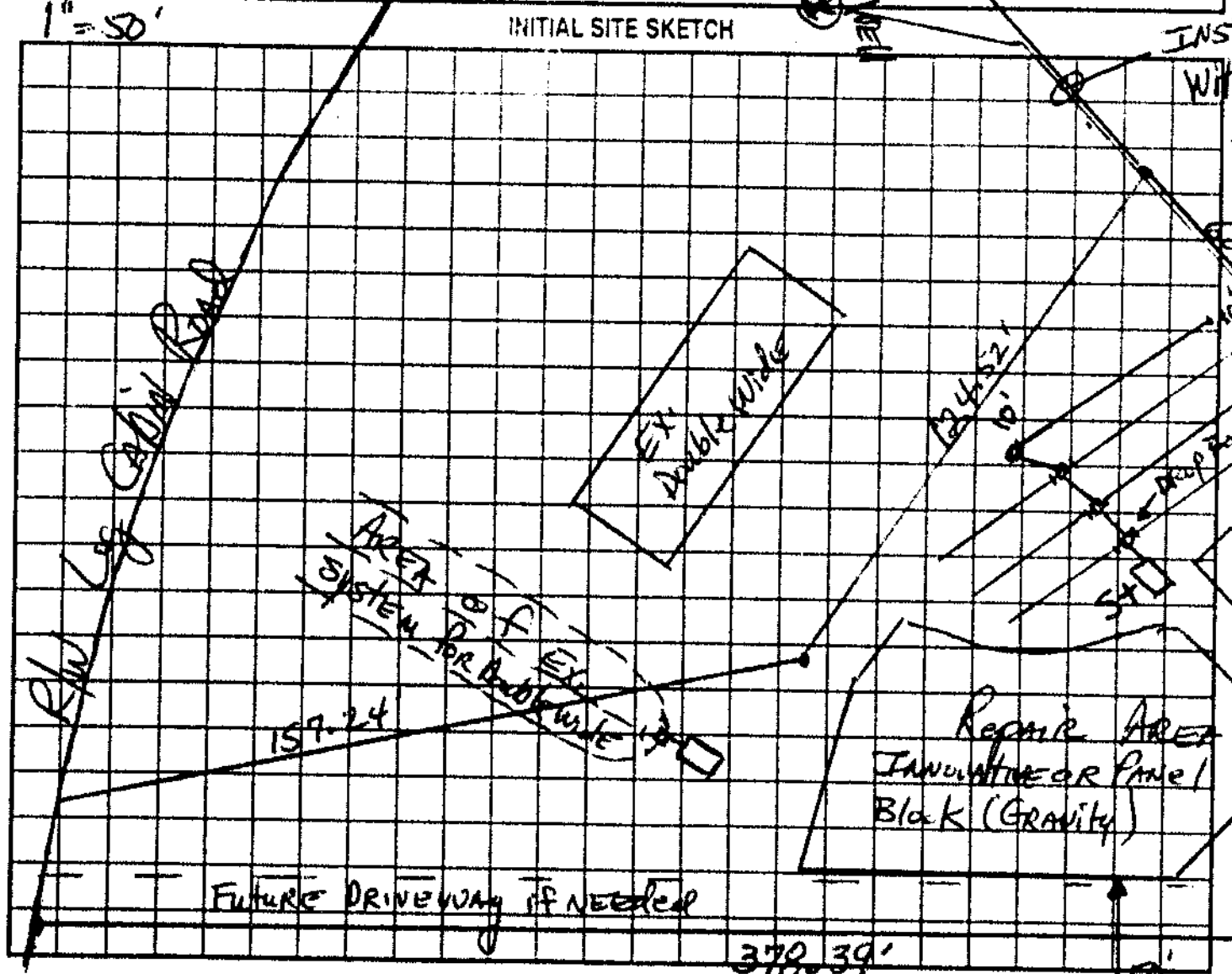
Water Supply: ☑ Individual ☐ Public ☐ Community — Shared Well at Ex DWMH

Comments/Conditions:
If plastic chambers are used, will need 44 chambers total

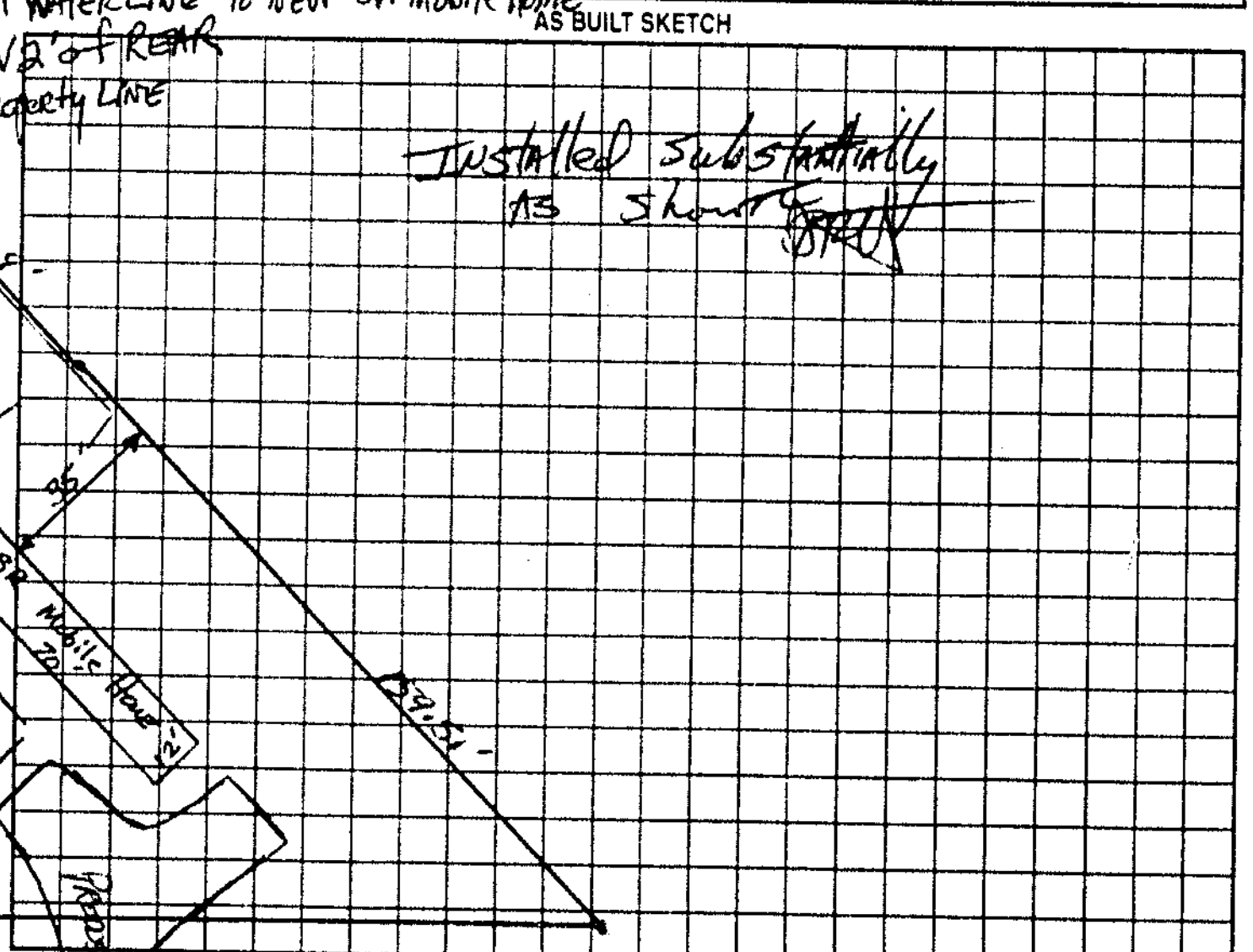
Comments/Conditions:

1" = 50'

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: Ethel Marie Conley date

Improvement Permit by: [signature], RS date 7-15-00

Authorization to Construct by: [signature], RS date 7-15-00

Installed by: Ronald Matney

Operation Permit by: [signature], RS date 8-15-00

Existing System Inspection by: date

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