IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 093956 PIN# 4762 73 4033 DATE 1/30/01

OWNER OR CONTRACTOR GLEN McCOY PHONE: Business _____ Home (704) 213-9415

ADDRESS 163 TUCKER RD., STATESVILLE, NC 28677

LOCATION 70 E, (R) BETHESDA RD. (L) CORNFLOWER RD (R) PINE TREE (R) CYPRUS LN. 3rd ON (R)

SUBDIVISION PINE TREE FARMS BLOCK / SECTION _____ LOT 3 LOT AREA 1.0 SITE CLASS PS DESIGN FLOW 360 GPD L.T.A.R. .30

Septic Tank: 1000 Gallons: STB 1012 Date 12/20/00
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 3 Trench Width 3' Max Trench Bottom Depth 24" Gravel Depth 12"

☑ New System ☐ Repair System Type: (II) III. IV. V. VI
System Description: CONVENTIONAL
Repair System Description: 25% REDUCTION
Maintenance Agreement Required: ☐ Yes ☑ No

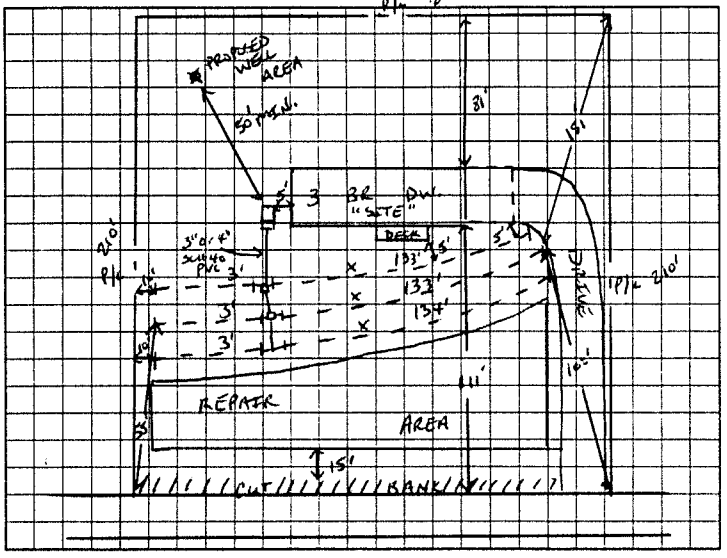
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

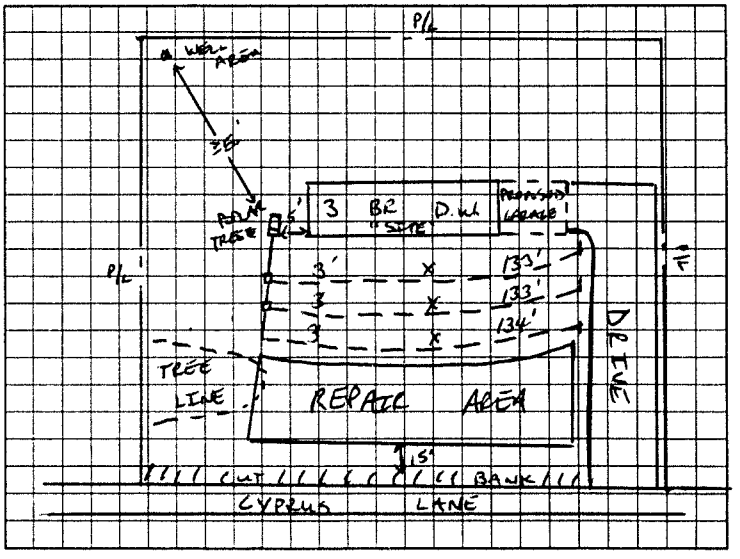
Comments/Conditions: (1) NO CUTTING OR FILLING OVER DRAINFIELD/REPAIR AREAS (2) KEEP ALL DRAINS AWAY FROM DRAINFIELD/REPAIR AREAS (3) MAINTAIN SETBACKS (4) INSTALL DRAINLINES UNIFORM AND ON CONTOUR

Comments/Conditions: (1) PUMP SEPTIC TANK EVERY 3-5 YRS.

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: _____ date _____ Installed by: A-1 GRADING

Improvement Permit by: _____ date 1/30/01 Operation Permit by: _____ date 3/14/01

Authorization to Construct by: _____ date 1/30/01 Existing System Inspection by: _____ date _____

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