IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# _____ DATE 9-10-99

OWNER OR CONTRACTOR John Bodine PHONE: Business _____ Home 881 0632

ADDRESS 110 Old Warren Dr. Statesville, N.C.

LOCATION 70 E TR Old Warren at Wayside School 2nd Home Rt.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2 1/2 Acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: Ex. Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 72" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: _____

Repair System Description: Conv. Gravity

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees _____

☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions:

2 lines 6' X 140'

INITIAL SITE SKETCH

Dogwood Tree

2 lines 6' X 60'

Well

Home

Drive

Existing S.T.

Property line

Old Warren Dr.

Comments/Conditions SYSTEM INSTALLED AS SHOWN EXCEPT USING TWO 3' X 140' AND TWO 3' X 60' LINES - SYSTEM INSTALLED INTO CONTOUR, 140' LINES 7' DEEP AT ENDS

Sch 40 Solid 3" or 4" line

AS BUILT SKETCH

Dist. Box

Replace Tee with PVC Sch 40

SEE COMMENTS ABOVE

Cut off Existing lines that encroach on Walker Property

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: X Carolyn Bodine date _____ Installed by: DONALD LACKEY

Improvement Permit by: P.C. Moore date 9-10-99 Operation Permit by: STEVE HEDRICK date 10-1-99

Authorization to Construct by: P.C. Moore date 9-10-99 Existing System Inspection by: _____ date _____

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