CI / CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103516 PIN# 4763-28-1760 DATE 01-07-02

OWNER OR CONTRACTOR CHAD WILKINSON PHONE: Business Home 704-880-0522

ADDRESS 1028 BELL FARM RD STATESVILLE NC 28625

LOCATION HWY 70, (L) BELL FARM RD, (L) SAMPSON AT VERY END

SUBDIVISION BLOCK / SECTION LOT LOT AREA 9.5 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 7-29-02
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'
No Lines 4x100' 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: CONV GRAV
Repair System Description: SAME
Maintenance Agreement Required: [ ] Yes [X] No

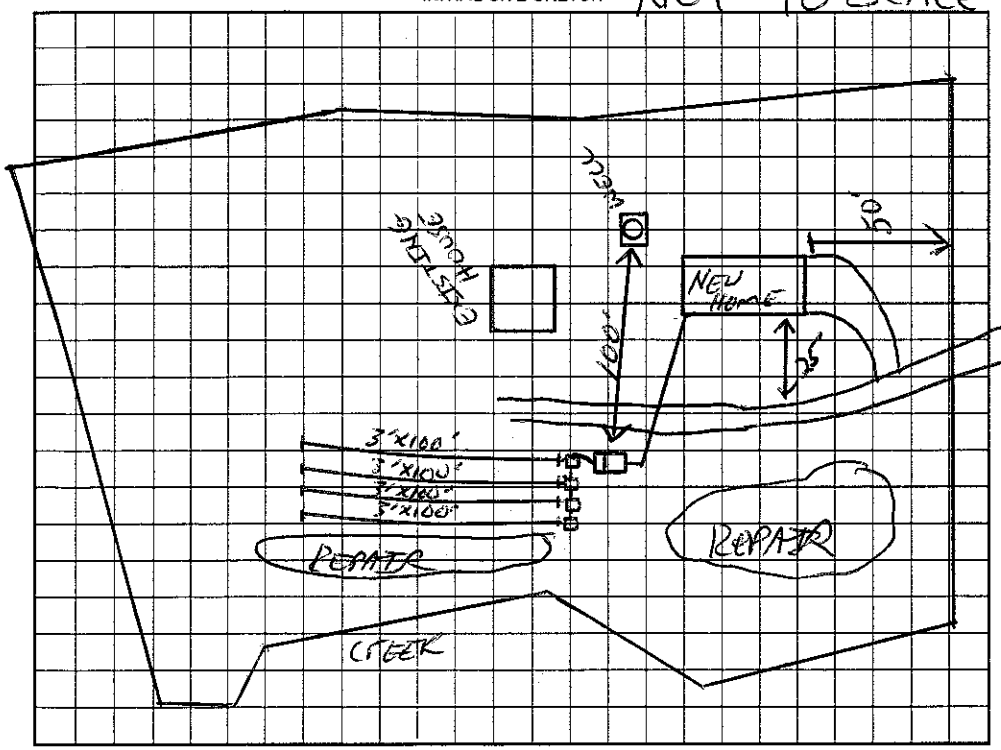
[ ] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2½
[ ] Business No. Employees
[ ] Other
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community WELL

Comments:/Conditions: (1) KEEP WELL 100' FROM SYSTEM (2) INSTALL LINES 36" DEEP (3) ROAD WILL BE CUT OFF & GRADED OUT (4) REDIRECT SURFACE H2O AROUND SYSTEM

Comments:/Conditions: TUFF-TITE FILTER & MARKER INSTALLED AS SHOWN

INITIAL SITE SKETCH "NOT TO SCALE"



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 01/07/02 Installed by: STEVE JORDAN

Improvement Permit by: RS date 01-07-02 Operation Permit by: date 03-14-03

Authorization to Construct by: RS date 01-07-02 Existing System Inspection by: date

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