IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 109821 PIN# ~~4763-35-4015~~ 4763-34-3852 DATE 1-22-03

OWNER OR CONTRACTOR ANDREA HOUSTON PHONE: Business _____ Home 704-873-5011

ADDRESS 111 WILLIAM LAND LANE, STATESVILLE, NC 28677

LOCATION US 70 ~~WEST~~ EAST, TR WILLIAM LAND LANE, 2ND DWELLING ON RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.90 ACRE SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.30 gpd/ft²

Septic Tank: 1000 Gallons; STB 760 Date 12-9-02

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270

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

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: 50% REDUCTION, PUMP

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 4

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

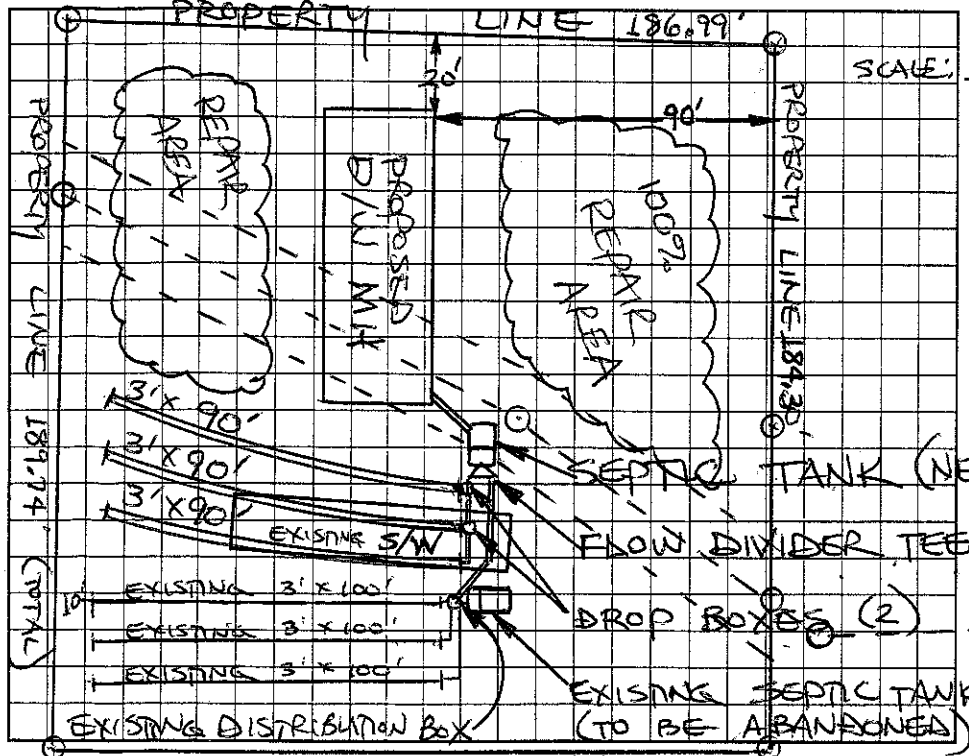
Water Supply: ☒ Individual ☐ Public ☐ Community

WELL NEXT DOOR

Comments/Conditions: ① CONTACT HEALTH DEPT AFTER REMOVING EXISTING S/W MH TO FLAG-OUT DRAIN LINES. ② DRIVEWAY TO BE RELOCATED ACCORDING TO ATTACHED EASEMENT ③ NO WELL LOCATION ON THIS LOT

Comments/Conditions: ① SYSTEM EXPANDED DURING PERIOD OF WET SOIL CONDITIONS

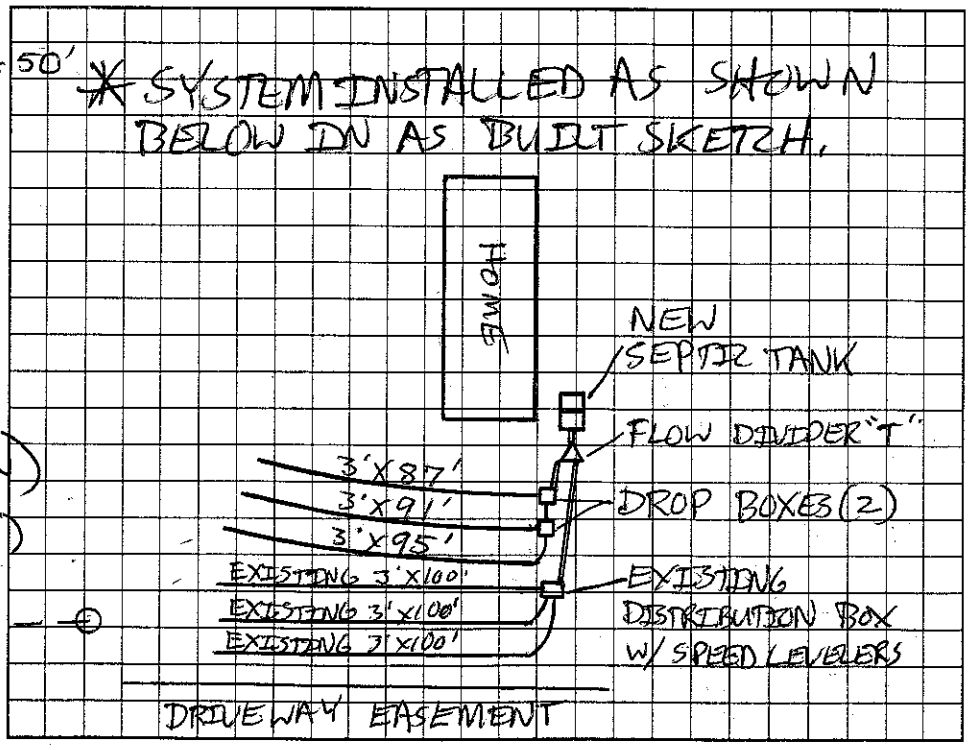
INITIAL SITE SKETCH



AS BUILT SKETCH

SCALE: 1"=50'

* SYSTEM INSTALLED AS SHOWN BELOW IN 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: (*) Andrea W. Houston 1/24/03 date _____

Improvement Permit by: STEVE HEDRICK date 1-22-03

Authorization to Construct by: STEVE HEDRICK date 1-22-03

Installed by: BOB'S BACKHOE 04-22-03

Operation Permit by: Patrick Mitchell date 04/29/03

Existing System Inspection by: _____ date _____

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