IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 81964 PIN# 4763435734 DATE June 30, 99

OWNER OR CONTRACTOR Kenneth Robinson PHONE: Business _____ Home 871 2820

ADDRESS 134 Red Walnut DR Statesville ~~NC~~

LOCATION 70E (R) Bethesda (L) Red Walnut on Right

SUBDIVISION Wayside Estates BLOCK / SECTION _____ LOT 22 LOT AREA .50 Ac. SITE CLASS P5 DESIGN FLOW 360 L.T.A.R. ~~.3~~ .3

Septic Tank: 1200 Gallons; STB 1012 Date 9-8-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet ~~450~~ 300
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type; I. II. III. IV. V. VI
System Description: 25% Reduction Gravity
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth N/A ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

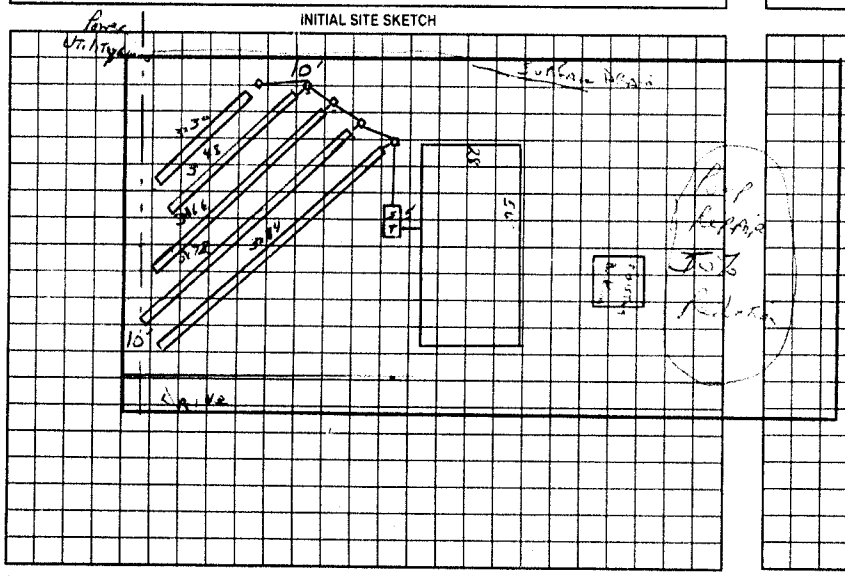
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: ① Divert surface drain down property Line ② Locate utility lines & move if necessary 5 Drop Boxes

Comments/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as Initial 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: Kenneth Robinson date 8-17-99
Improvement Permit by: L. Potter date 6-30-99
Authorization to Construct by: L. Potter date 6-30-99

Installed by: A-1 Backhoe
Operation Permit by: E.C. Moore date 11-24-99
Existing System Inspection by: _____ date _____

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