IREDELL COUNTY HEALTH DEPARTMENT

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

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

CI

PERMIT# 105018 PIN# 4763-51-8921 DATE 3-8-02

OWNER OR CONTRACTOR AMERICAN GENERAL PHONE Business 704-838-7640 Home 704-838-1622

ADDRESS 123 TREELINE DRIVE, STATESVILLE, NC 28677

LOCATION US70E, TR BETHESDA RD, TL TREELINE DRIVE, 4TH LOT ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 100 x 200 SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.4 GPD/FT² (EX)

Septic Tank: EXISTING Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 480 TO 300 Linear Feet 78'

No Lines ONE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description 25% REDUCTION GRAVITY

Repair System Description: 50% REDUCTION, LOW PRESSURE

Maintenance Agreement Required: Yes ☑ No

☐ House/Mod Home No Bedrooms 4

☑ Mobile Home No. Bathrooms 2

☐ Business No Employees ____

☐ Other _____

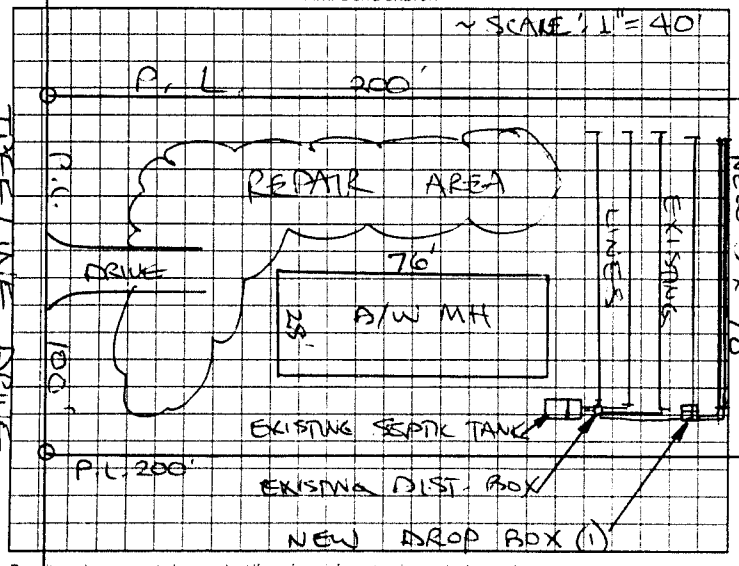
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

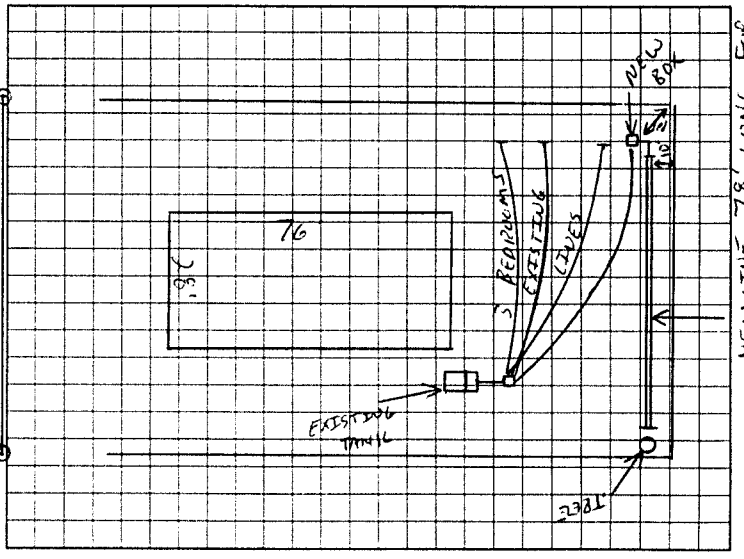
Comments/Conditions: INSTALL 25% REDUCTION SYSTEM USING THIRTEEN (13) CHAMBERS OR EIGHT (8) HDS SECTIONS

Comments/Conditions: THIS SYSTEM HAD TO BE CHANGED DO TO EXISTING LINE POSITION

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 3-8-02 Installed by: A-1 BACKHOE

Improvement Permit by: STEVE HEDRICK date 3-8-02 Operation Permit by: _____ date 4-17-02

Authorization to Construct by: STEVE HEDRICK date 3-8-02 Existing System Inspection by: _____ date _____

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