IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C) MOORESVILLE 704-664-5281

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

PERMIT# 143006 PIN# 4763-59-1944 DATE 6-11-07

OWNER OR APPLICANT ALICE J. JORDAN PHONE: Business 336-366-7893 Home 704-924-8238

ADDRESS 190 BELLWOOD LOOP, STATESVILLE, NC 28677

LOCATION US 64 EAST, TR BELL FARM ROAD, TR 2ND BELLWOOD LOOP, HOUSE ON LEFT AT #190

SUBDIVISION BELLWOOD BLOCK / SECTION ____ LOT 20 LOT AREA ~0.5 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.20 GPD/FT

NEW

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model EQ16 Serial No. ____

Nitrification Field: No Fields 1 Square Feet 416 Linear Feet 104

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

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% REDUCTION, GRAVITY

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

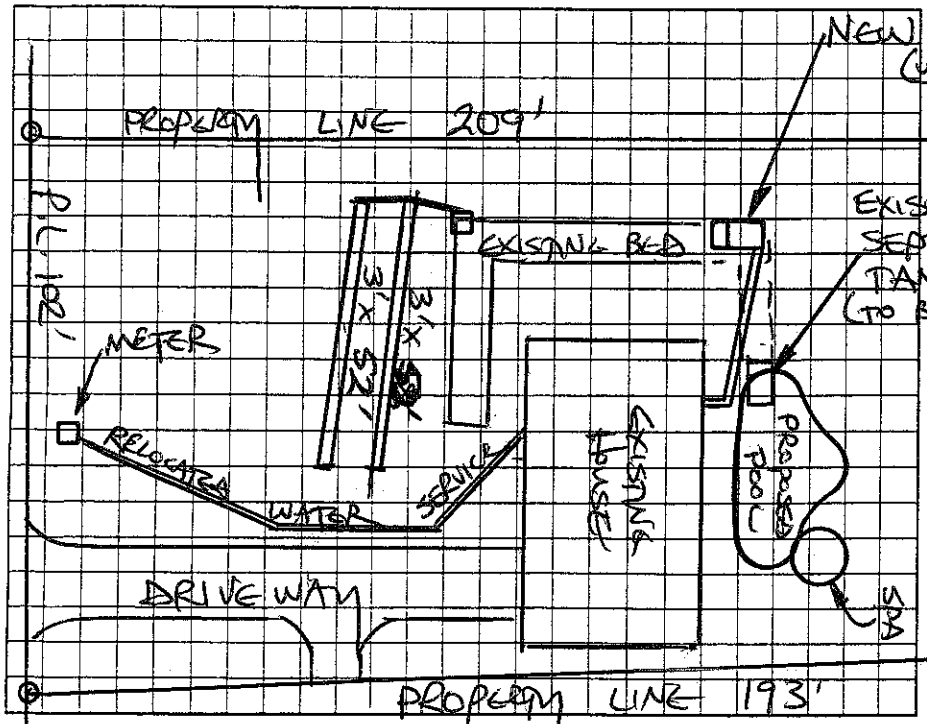
Water Supply: ☐ Individual ☑ Public ☐ Community

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

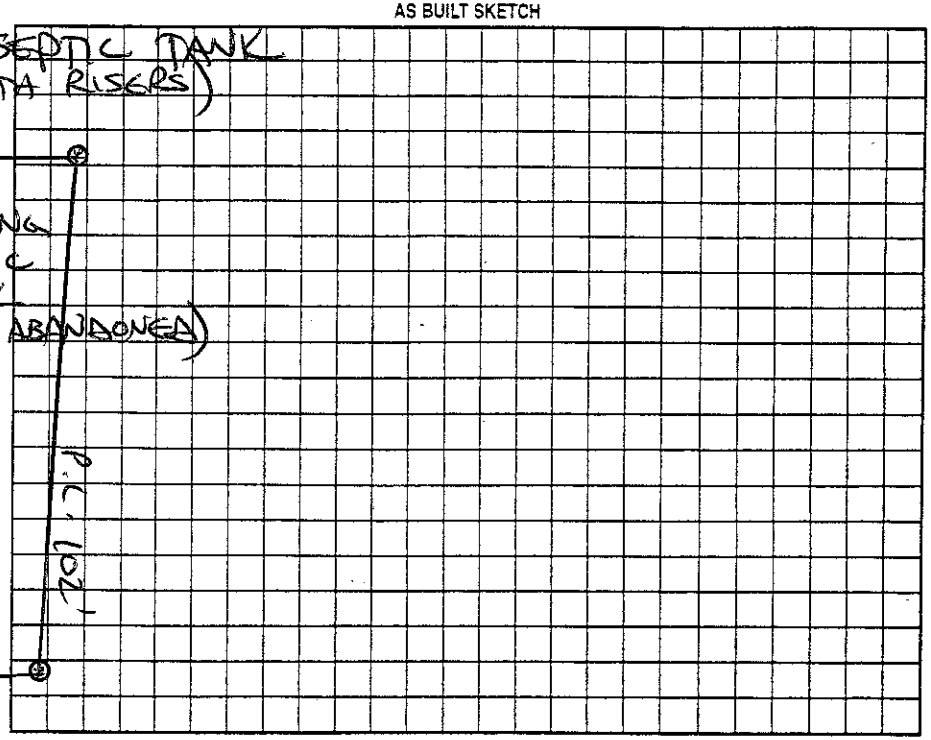
Comments/Conditions: ① RELOCATE WATER SERVICE LINE AS SHOWN, ② INSTALL NEW SEPTIC TANK WITH RISERS AS SHOWN, ③ CRUSH & FILL EXISTING TANK AFTER PUMPING OUT CONTENTS, ④ INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS SHOWN

Comments/Conditions: ⑤ NO FILL DIRT ALLOWED OVER DRAINFIELD.

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 6-15-07 ~~Installed by:~~ ____ 6-15-07

Improvement Permit by: STEVE HEDRICK date 6-11-07 Operation Permit by: ____ date ____

Authorization to Construct by: STEVE HEDRICK date 6-11-07 Existing System Inspection by: ____ date ____

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