IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 69278 PIN# 4763 69 2971 7 DATE 10-13-99

OWNER OR CONTRACTOR Kenneth Jordan PHONE: Business _____ Home 838 6980

ADDRESS 157 Ellis Rd Statesville N.C.

LOCATION 70E TL Bell Fm Rd past Bellwood loop Property on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 14,900 sq ft SITE CLASS PS DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 2.23.00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 830 Linear Feet 210
No Lines 7 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: Gravity 25% Reduct.
Repair System Description: " 50% Reduct.
Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 2 No. Bathrooms 2 No. Employees ____

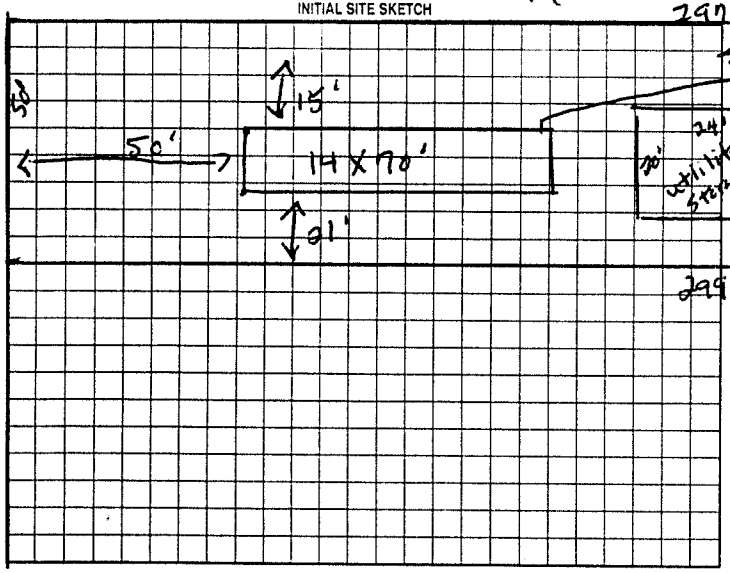
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

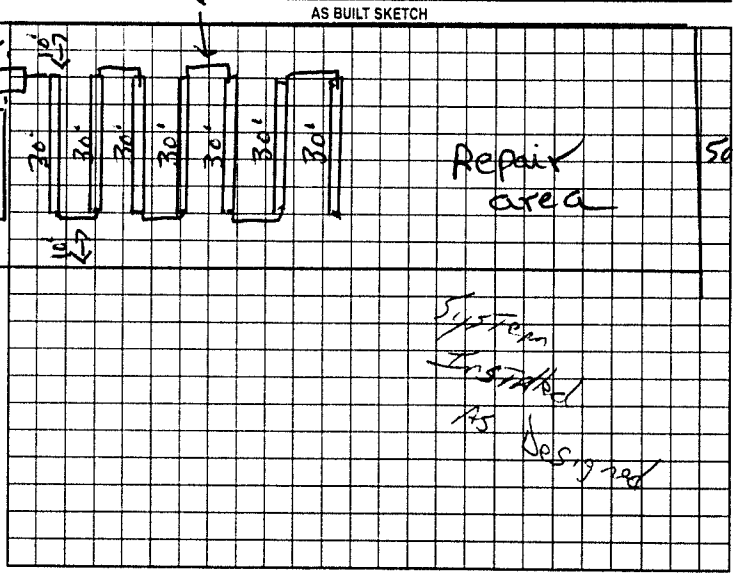
Comments:/Conditions:
Replace Permit
Issued 9-10-97

Comments:/Conditions.
4" DWV Stub Up to cross over pipe Typical Spirall

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: Kenneth Jordan date 10-13-99 Installed by: Grizzly Septic & Fine Grading

Improvement Permit by: J.C. Moore date 10-13-99 Operation Permit by: JC Potts date May 23 2000

Authorization to Construct by: J.C. Moore date 10-13-99 Existing System Inspection by: _____ date _____

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