IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 — CI

MOORESVILLE 704-664-5281 — CI

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

PERMIT# 101856 PIN# 4763-79-0894

OWNER OR CONTRACTOR TIMOTHY & SUSAN EDWARDS PHONE: Business ANDY TUMLIN = 871-7624 Home 704-873-2797 DATE 10-15-01

ADDRESS 799 BELL FARM RD STATESVILLE NC 28625

LOCATION 64 E, ⓒ BELL FARM ⓓ AT ~~799~~, BEHIND HOUSE & MOBILE HOME

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.07 SITE CLASS 135 DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons: STB 1012 Date 3-15-02

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 1440' Linear Feet 480

No Lines 4'x120' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

X New System ☐ Repair System Type: I. II. III. IV. V. VI

System Description: CONV GRAV

Repair System Description: LP PANEL / SHALLOW CHAMBS

Maintenance Agreement Required: ☐ Yes X No

X House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

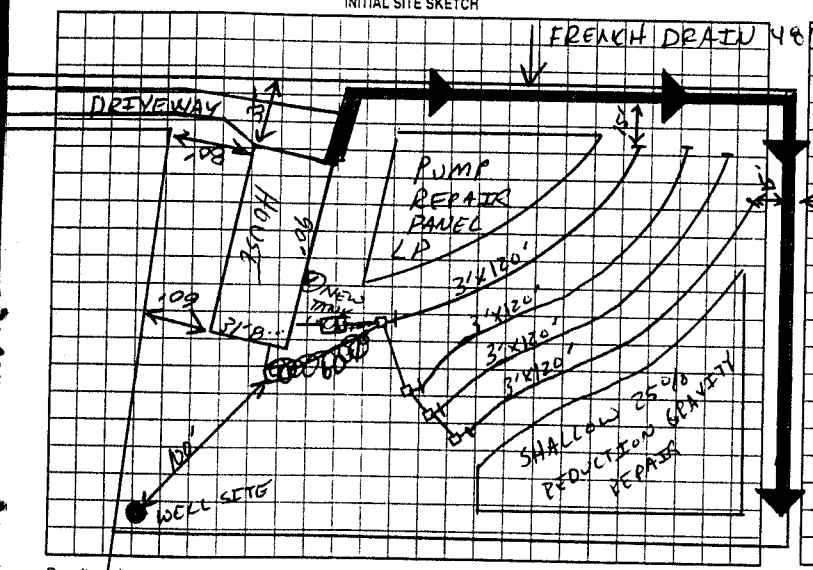
☐ Slab ☐ Crawl Space X Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community WELL

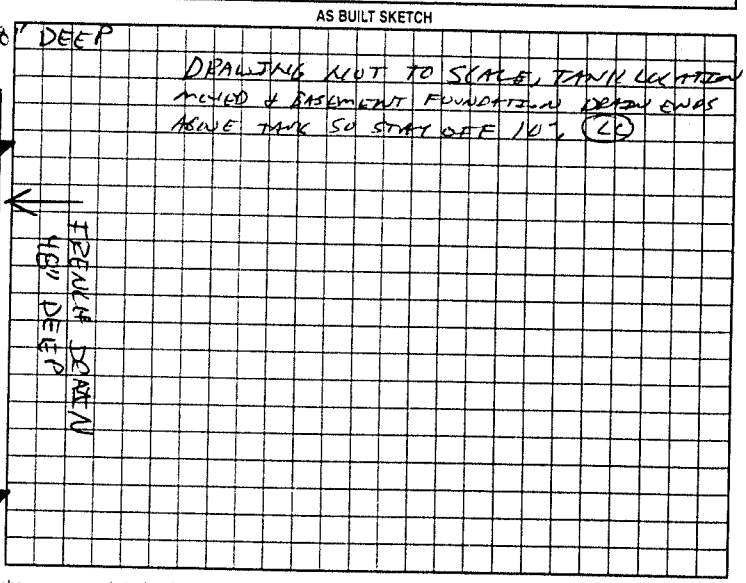
Comments/Conditions: ① KEEP WELL 100' FROM ANY PART OF SYSTEM ② INSTALL DRAINLINES 36" DEEP & FRENCH DRAIN 48" DEEP TO DAYLIGHT ③ MAINTAIN SETBACKS

Comments/Conditions: POLYLOK FILTER INSTALLED LINES 1 & 2 HAD 1/4" / 10' OF FALL ALLOWABLE BY STATE LAW

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: Susan Miller Edwards date 10-15-01

Improvement Permit by: _____ date 10-15-01

Authorization to Construct by: _____ date 10-15-01

Installed by: TOMMY FRYE

Operation Permit by: _____ date 8/02

Existing System Inspection by: _____ date _____

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