IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 102763 PIN# 4764-34-7378 DATE 10-15-01

OWNER OR CONTRACTOR PERRY BELL PHONE: Business 704-657-5228 Home 704-872-2057

ADDRESS 315 BELL FARM RD STATESVILLE NC 28625

LOCATION HWY 64 E, (R) BELL FARM, (L) FARMWOOD, AT END ON RT

SUBDIVISION HOME ESTATES BLOCK / SECTION LOTS 1,2 LOT AREA 1.11 + 1.32 = 2.43 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .25

60 GPD/BR

Septic Tank: 1000 Gallons STB 101C Date 2-13-02
Pump Tank: 1000 Gallons PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 440 Linear Feet 360'
No Lines 4 X 90' Trench Width 36" Max Trench Bottom Depth (36) Gravel Depth N/A

X New System ____ Repair System Type: I, II, (III), IV, V
System Description: 6 BDM 2540 REG
Repair System Description: SAME, SHALLOW
Maintenance Agreement Required: ____ Yes X No

X House/Mod Home No. Bedrooms 3
____ Mobile Home No. Bathrooms 3
____ Business No. Employees ____
____ Other 1 BEDROOM PUMP

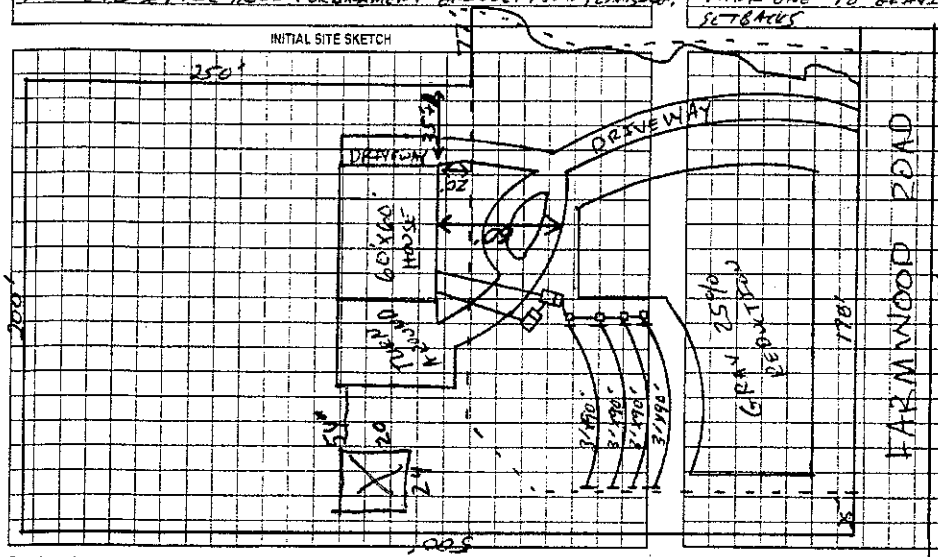
Water Supply: ☐ Individual X Public ☐ Community

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

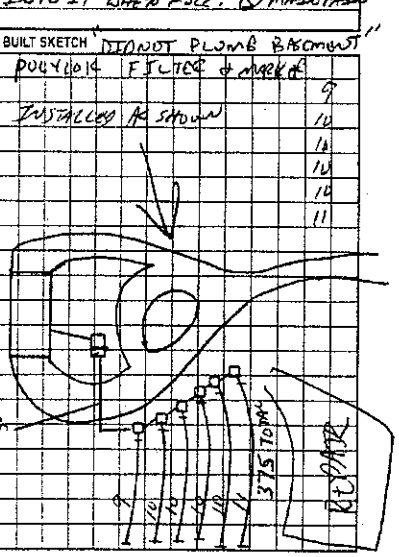
Comments/Conditions: (1) RESURVEY LOTS 1+2 TO MAKE ONE LOT (2) INSTALL SYSTEM 36" DEEP (3) INSTALL SEPTIFILTER 1000 GAL SEPTIC TANK FOR BASEMENT GRINDER PUMP PLUMBING,

Comments/Conditions: (4) PLUMB GROUND FLOOR & UPSTAIRS PLUMBING INTO 2ND TANK SHALLOW GRINDER PUMP EFFLUENT FROM TANK ONE TO GRAVITY INTO IT WHEN FULL. (5) MAINTAIN SETBACKS

INITIAL SITE SKETCH



AS BUILT SKETCH DO NOT PLUMB BASEMENT



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 ____ Installed by: DALE FOX

Improvement Permit by: ____ date 10-15-01 Operation Permit by ____ date 07-03-02

Authorization to Construct by: ____ date 10-15-01 Existing System Inspection by: ____ date ____

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

Location of the proposed storage building addition does not appear to impact the existing on-site septic system.**NOTE:

____ REHS

Date: 9 September 11

ICHD-Environmental Health/Division