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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101058 PIN# 4764-89-1993 DATE 7-11-01

OWNER OR CONTRACTOR KEN [redacted] LINDSTROM PHONE: Business _____ Home 704-872-7054

ADDRESS 904 CALDWELL ST, STATESVILLE, NC 28677

LOCATION HWY 64 E, @ LONG PINE, AT END ON RT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS 360 DESIGN FLOW PS L.T.A.R. [redacted] .25

Septic Tank: 1000 Gallons: STB 354 Date 05-16-01
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet [redacted] 360
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

X New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAV 25% RED
Repair System Description: LP PANEL
Maintenance Agreement Required: ☐ Yes X No

X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

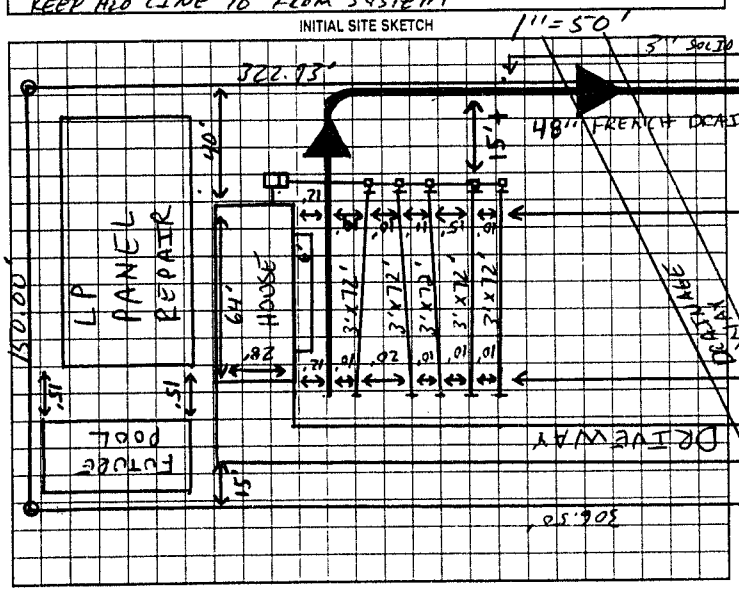
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual X Public ☐ Community

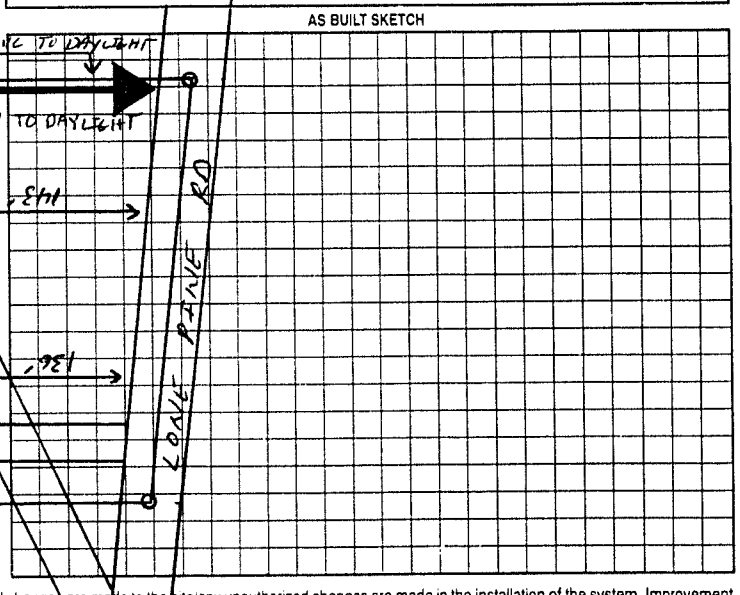
Comments/Conditions: ① INSTALL LINES ON CONTOURS ② INSTALL FRENCH DRAIN 48" DEEP AROUND HOUSE SYSTEM, THEN TO DAYLIGHT ③ MAINTAIN SETBACKS ④ KEEP H2O LINE 10' FROM SYSTEM

Comments/Conditions: POLY LOK FILTER & MARKER INSTALLED AS SHOWN WITH 60 CHAMBERS

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 J. Lindstrom date 7/11/01 Installed by: G & M ENTERPRISES

Improvement Permit by: Jan Cook RS date 7-11-01 Operation Permit by: Jan Cook RS date 10-22-01

Authorization to Construct by: Jan Cook RS date 7-11-01 Existing System Inspection by: _____ date _____

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