IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 94984 PIN# 4764 99 455 6 PT DATE 03-13-01

OWNER OR CONTRACTOR SHERRY OWENS PHONE: Business _____ Home 873-2970

ADDRESS 1810 BARKLEY RD STATESVILLE, NC 28677

LOCATION HWY 64 E. @ LONE PINE Rd, at END

SUBDIVISION STOWALL ESTATES BLOCK / SECTION _____ LOT 2 LOT AREA 9.85 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 12-29-2000
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 ft² Linear Feet 400'
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: CONV 64A1
Repair System Description: PUMP CONV
Maintenance Agreement Required: ☐ Yes ☐ No

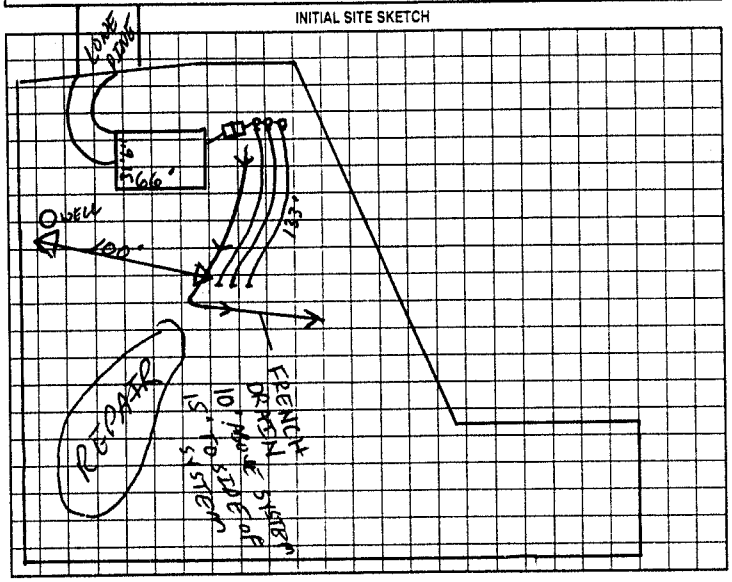
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

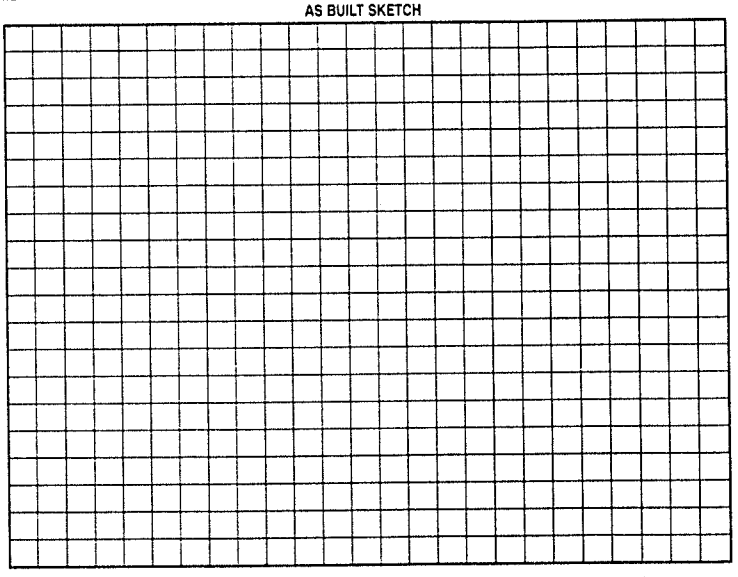
Comments/Conditions: (1) INSTALL LINES ON CONTOUR & USE 3 ORD BOXES (2) KEEP SYSTEM 5' off house, 10' off property lines, & 100' from well.

Comments/Conditions: POLYLOK FILTER & MARKER INSTALLED AS SHOWN

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 3-16-01 Installed by: DALE W INGLER

Improvement Permit by: _____ date 03-13-01 Operation Permit by: _____ date 7-12-01

Authorization to Construct by: _____ date 03-13-01 Existing System Inspection by: _____ date _____

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