IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# REPAIR DATE 3/23/00

OWNER OR CONTRACTOR DAVID McNEELY PHONE: Business _____ Home 873 8614

ADDRESS 145 BELL FARM RD STATESVILLE

LOCATION HWY 64 TO BELL FARM - #145 ON LT. - 4th ON LT.

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA ~.5 AC SITE CLASS A DESIGN FLOW 360 L.T.A.R. —

Septic Tank: 1000 Gallons; STB 825 Date 6/7

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 480+525 Linear Feet 35+40

No Lines BED Trench Width 12'+15' Max Trench Bottom Depth AS NEEDED Gravel Depth 18"

☐ New System ☑ Repair System Type: I, II, III, IV, V, VI

System Description: _____

Repair System Description: GRAVITY CONVENTIONAL

Maintenance Agreement Required: ☐ Yes ☑ No BED

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

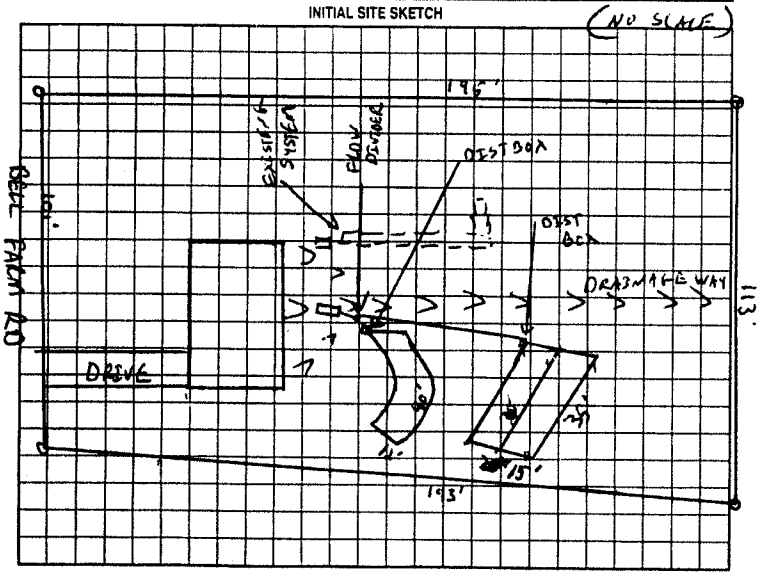
☐ Other _____

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

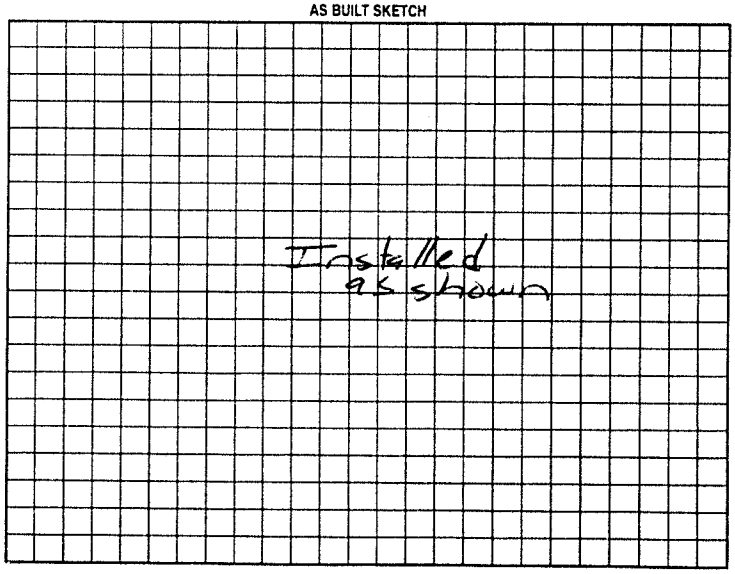
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: 1) CUT OFF OLD SYSTEM. 2) SET NEW TANK BELOW OLD TANK TO ACHIEVE GRAVITY FLOW TO REPAIR. 3) INSTALL FLOW DIVIDER AND TWO DISTRIBUTION BOXES FEEDING UPPER BED OF 40' X 12' AND LOWER BED OF 35' x [redacted] 15'. 4) INSTALL 18" OF GRAVEL. 5) UPPER FIELD MAY BE SLIGHTLY DEEPER THAN 36".

INITIAL SITE SKETCH (NO SCALE)



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: [signature] date _____

Improvement Permit by: [signature] RS date 3/23/00

Authorization to Construct by: [signature] RS date 3/23/00

Installed by: Joe Thompson

Operation Permit by: [signature] RS date 8-3-00

Existing System Inspection by: _____ date _____

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