IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 095276 PIN# 4765453835 DATE 4/2/01

OWNER OR CONTRACTOR Lester Lawrence PHONE: Business — Home (704) 892-8460

ADDRESS 277 Sain Rd Statesville NC

LOCATION Hwy 64 E, (R) on River Hill Rd, 2nd House on (R) past West Haven

SUBDIVISION County Water BLOCK / SECTION — LOT 20 LOT AREA .95 SITE CLASS 1/5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1,000 Gallons: STB 1012 Date 4/30/01
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1,200 Linear Feet 406
No Lines 5 @ 80' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

X New System ☐ Repair System Type: I (II) III IV V VI
System Description: Gravity, Conv.
Repair System Description: Gravity, 25% Reduction
Maintenance Agreement Required: ☐ Yes X No

X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 1½
☐ Business No. Employees ____
☐ Other ____

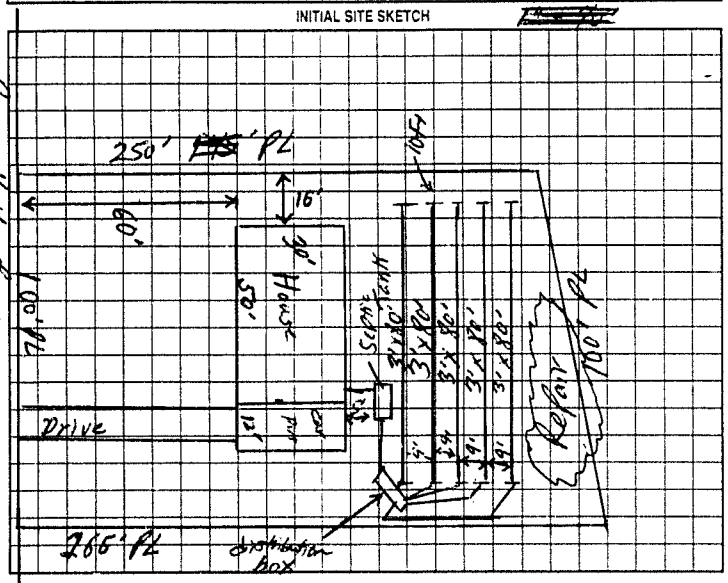
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual X Public ☐ Community

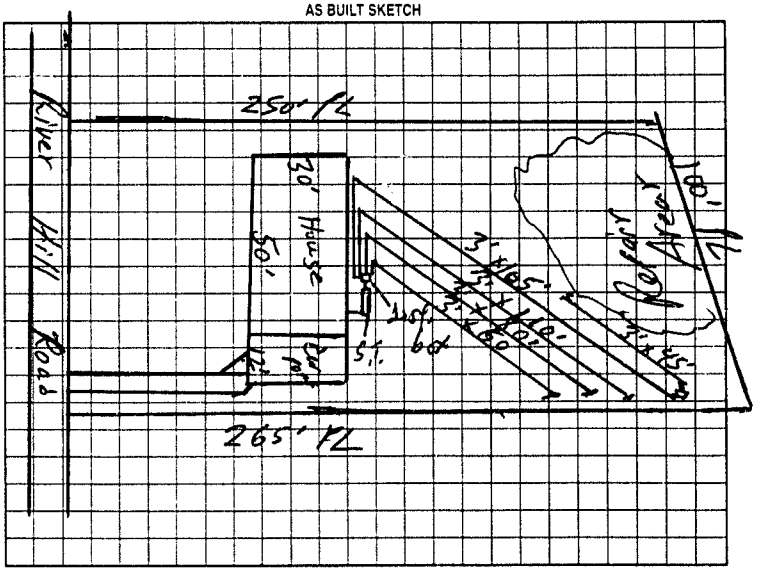
Comments/Conditions: (1) Remove old Field terrace before Installing System (2) Keep lines 10' from Property lines & 5' From house

Comments/Conditions - Poly Lok filter installed
- Septic Tank Marker Installed

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: Lester Lawrence date ____

Improvement Permit by: William O. Johnson RSI date 4/3/01

Authorization to Construct by: William O. Johnson date 4/3/01

Installed by: Tommy Frye

Operation Permit by: William O. Johnson date 9/7/01

Existing System Inspection by: ____ date ____

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