IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# 4765 83 5291 DATE 5-3-01

OWNER OR CONTRACTOR BOB WARREN / GRAY ROCK FARMS PHONE: Business 704-873-6901 Home 704-872-4392

ADDRESS 818 MOCKSVILLE HWY, STATESVILLE, NC 28625

LOCATION HWY 64 EAST, ≈ 1.5 miles on Left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.7 ACRES SITE CLASS _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: EXISTING Gallons: STB _____ Date _____
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 240
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 GRAV
Repair System Description: 25% REDUCTION
Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms ____
☐ Mobile Home No. Bathrooms ____
☒ Business No. Employees ____
☐ Other TEMPLOYS

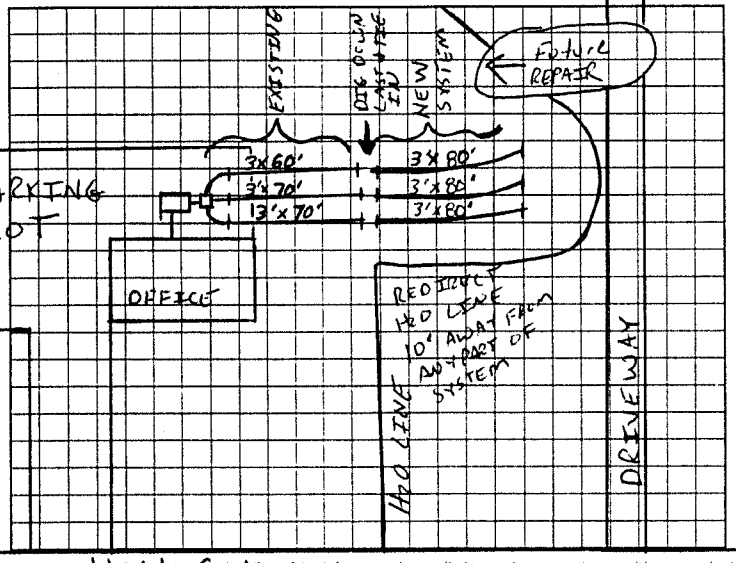
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

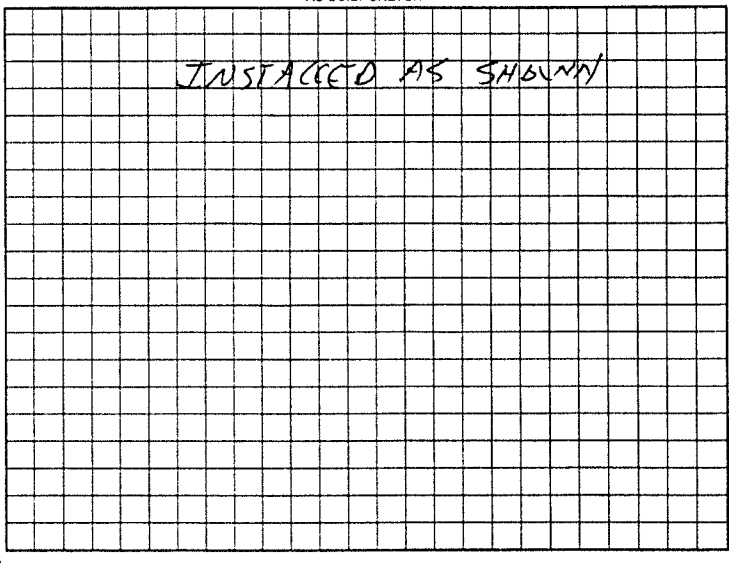
Comments/Conditions: (1) PUMP THE TANK (2) REDIRECT H2O LINE AROUND SYSTEM (3) INSTALL THREE LINES ON CONTOUR (4) SYSTEM NOW SIZED FOR TODAYS STANDARDS ON 3 BEDROOM HOUSE

Comments/Conditions:

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 5-14-01 Installed by: FRYE THOMPSON

Improvement Permit by: Tim Cook REHS date 5-3-01 Operation Permit by: Tim Cook REHS date 7-19-01

Authorization to Construct by: Tim Cook REHS date 5-3-01 Existing System Inspection by: _____ date _____

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