# IREDELL COUNTY HEALTH DEPARTMENT

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

(4.00 - 4.30)

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

PERMIT# 089701 PIN# 4766045215 (pt) DATE June 12, 2000

OWNER OR CONTRACTOR Robert Fisher PHONE: Business 872-8728 Home

ADDRESS 252 Seed House Rd. Statesville N.C. 28677

LOCATION Old Mocksville Rd. TR Seed House Rd. ON Right past Country Boy Landscaping

SUBDIVISION BLOCK / SECTION LOT LOT AREA .5Ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 312 Date 4-18-00
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: Gravity Innovative -25% Red.
Repair System Description: Gravity Panel Block
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth N/A

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

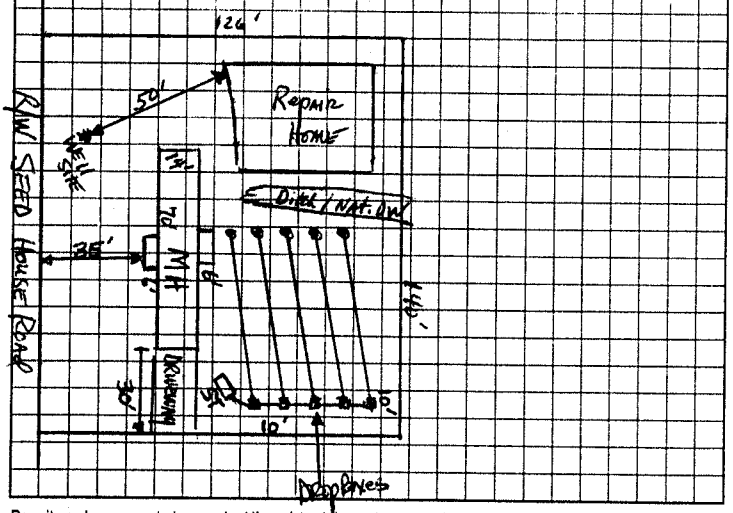
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: ① one inspection port per Lateral, set flush with finished grade.

Comments/Conditions Zabel Filter
HDS Sections Used

1"=50'

INITIAL SITE SKETCH




AS BUILT SKETCH

System installed as Designed

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: Pam [illegible] date 06/12/00 Installed by: Andy Daniels

Improvement Permit by: [signature], RS date 6-12-00 Operation Permit by: [signature] date June 22, 2000

Authorization to Construct by: [signature], RS date 6-12-00 Existing System Inspection by: date

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