IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104074 PIN# 4766-15-3914 (BELL) CLAYTON HOMES DATE 01-25-02

OWNER OR CONTRACTOR BETTY KURLEY PHONE: Business 704-873-2547 Home 704-873-2547

ADDRESS 354 SEEDHOUSE RD STATESVILLE NC 28625

LOCATION OLD MOCKSVILLE NORTH, (R) CHESTNUT GROVE, (R) SEEDHOUSE, 1/2 mile on Left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA .512 AC SITE CLASS _____ DESIGN FLOW 240 L.T.A.R. .5 gal/ft2 (X)

EXISTING

Septic Tank: 1000 Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet 600' Linear Feet 200'

No Lines 3 Trench Width 36" Max Trench Bottom Depth _____

☐ New System ☐ Repair System Type: I (II) III IV V VI

System Description: CONV GRAV

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth 12"

☐ House/Mod Home ☒ Mobile Home DW ☐ Business ☐ Other

No. Bedrooms 2 No. Bathrooms 2 No. Employees ____

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

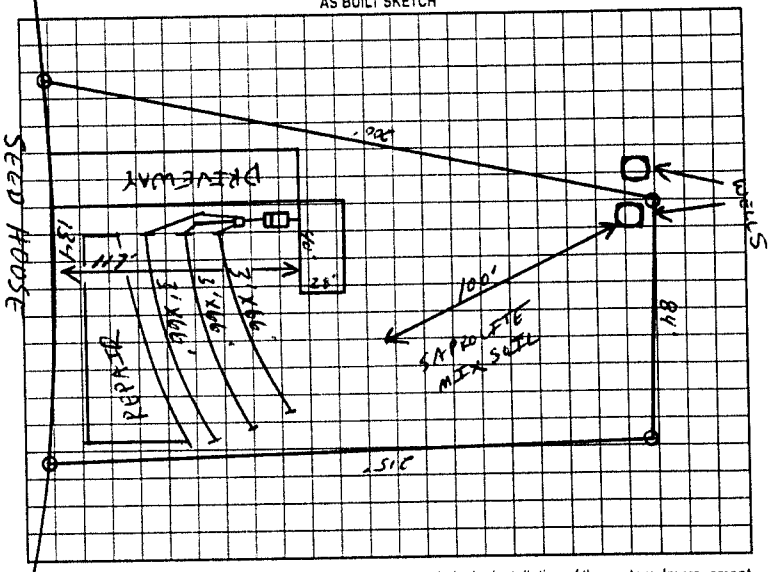
Water Supply: ☐ Individual ☐ Public ☒ Community WELL

Comments/Conditions: (2) FOUND OLD PERMIT & DATED 6-22-94 & MET "NO REPAIR RULE" DUE TO ORIGINAL DEED DATE. (3) DO HAVE SOME REPAIR IN FRONT YARD BUT NONE IN BACKYARD DUE TO WELL & SOILS. (4) REPAIR PERMIT ISSUED IN

Comments/Conditions: 5-21-99 BUT SYSTEM STOPPED FAILING & NO VISIBLE SIGNS OF FAILURE AT TIME OF CHECK. (2) PUTTING ON 2 BEDROOM D/W & HOUSE PLANS ARE ATTACHED (3) MAINTAIN SETBACKS

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: Bill Vann date 1-29-02 Installed by: PAUL FRYE

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: [signature] date 01-25-02

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