IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 095346 PIN# 4766 15 6904 DATE 8-22-01

OWNER OR CONTRACTOR DWIGHT ANDERSON PHONE: Business _____ Home 872-1607

ADDRESS 360 SEEDHOUSE RD STATESVILLE NC 28677

LOCATION CHESTNUT GROVE, @ CONSTANCE LANE ½ DOWN ON RT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.1508 SITE CLASS PS DESIGN FLOW 240 L.T.A.R. 1.3

Septic Tank: 1000 Gallons; STB 312 Date 7-24-01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 266
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

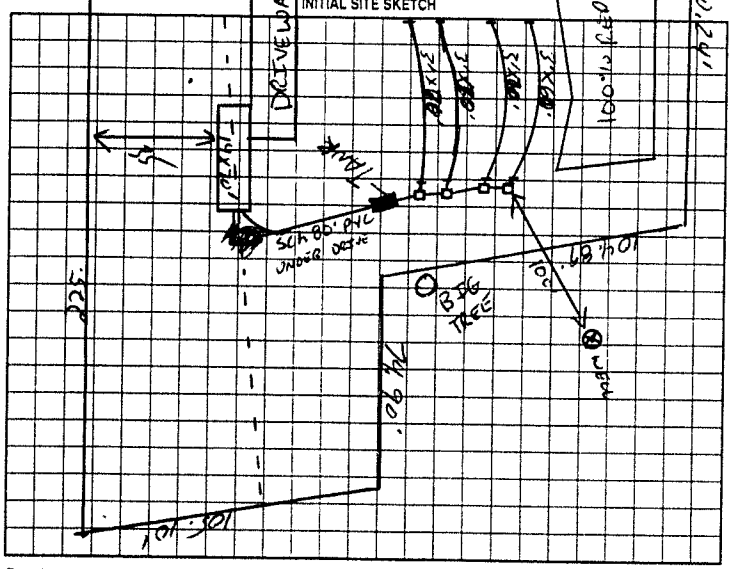
X New System ☐ Repair System Type: I (II) III IV V VI
System Description: GRAV CONV
Repair System Description: GCAN 25% RED
Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 2
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

Comments/Conditions: CONSTANCE LANE

INITIAL SITE SKETCH



Comments/Conditions:
1. INSTALL LINES ON CONTOUR
2. KEEP H2O LINE 10' FROM SYSTEM
3. SYSTEM IS FLAGGED OUT
4. RUN SCH 80 UNDER DRIVEWAY

AS BUILT SKETCH

LABEL FILTER → MARVER
INSTALLED AS SHOWN

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: Constance B Anderson date 8-22-01

Improvement Permit by: _____ RS date 8-22-01

Authorization to Construct by: _____ RS date 8-22-01

Installed by: ANDY DANIELS

Operation Permit by: _____ RS date 8-29-01

Existing System Inspection by: _____ date _____

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