CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 110444 PIN# 4766-73-3421 DATE 01-03-03

OWNER OR CONTRACTOR RUSSELL LEE SMYRE, SR PHONE: Business 704-902-4315 Home 704-878-6283

ADDRESS 132 COURT ST STATESVILLE, NC 28677

LOCATION 64 EAST ① RIVERHILL RD, ② CHESTNUT GROVE, ③ 2ND 7SPRINGS LOOP, LOT #66 ON LEFT

SUBDIVISION 7SPRINGS BLOCK / SECTION 1 LOT 66 LOT AREA .7748 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1600 Gallons; STB 825 Date 3-11-03

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'

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: GRAV/LP PANEL

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

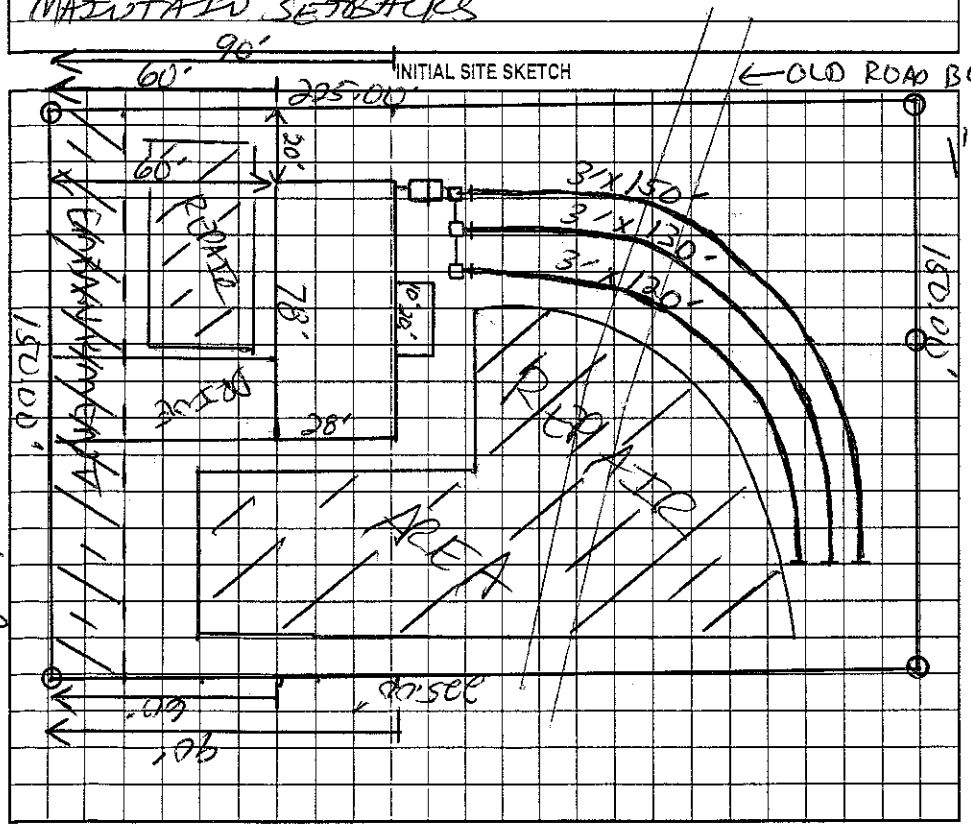
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

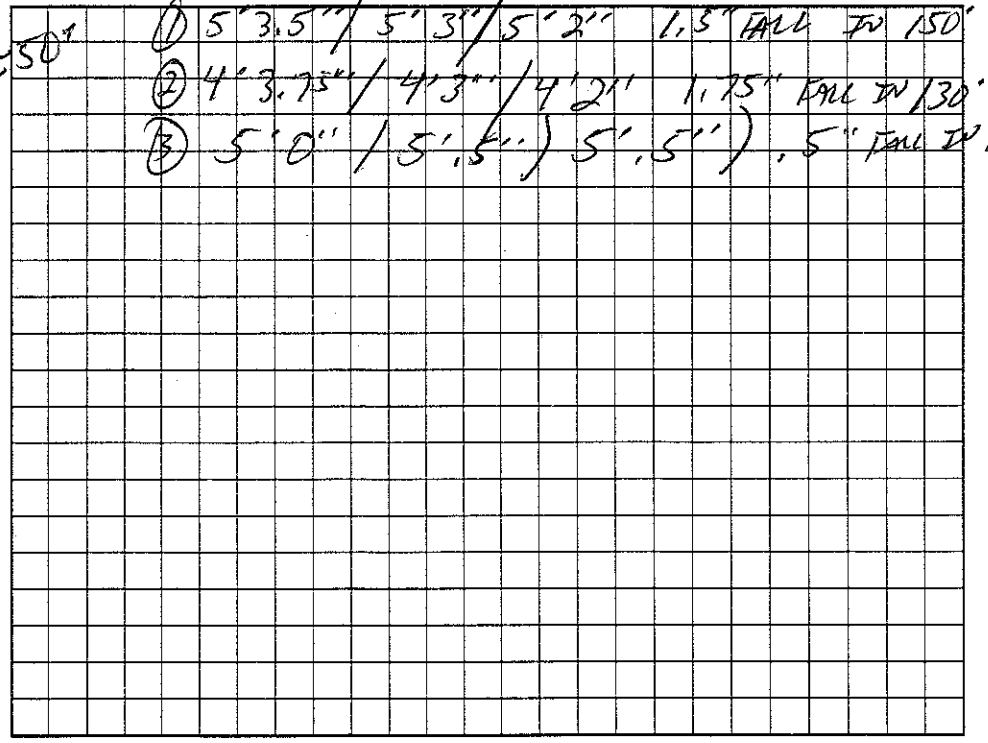
Comments/Conditions: ① INSTALL LINES ON CONTOURS ② HOUSE & LINES ARE FLAGGED OUT ③ MAINTAIN SETBACKS

Comments/Conditions: POLYLOK FILTER & MARKER INSTALLED AS DRAWN

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 8-1-06-03 Installed by: H. E. HOUSTON & SONS

Improvement Permit by: ____ date 01-03-03 Operation Permit by: ____ date 6-11-03

Authorization to Construct by: ____ date 01-03-03 Existing System Inspection by: ____ date ____

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