IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 80190 PIN# 4766773502 DATE 4-1-99

OWNER OR CONTRACTOR George Pendleton PHONE: Business _____ Home _____

ADDRESS 120 Victoria Dr. Statesville

LOCATION 64 E to River Hill Rd to Chestnut TL 7 Spring 1/4 mi Rt

SUBDIVISION A Springs BLOCK / SECTION _____ LOT 83 LOT AREA 1.12 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 1.2

Septic Tank: 1000 Gallons; STB 1012 Date 7-9-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 4 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☐ New System ☐ Repair System Type: I II III IV V VI
System Description: Conv. Gravity
Repair System Description: Pump to Chamber
Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2½
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

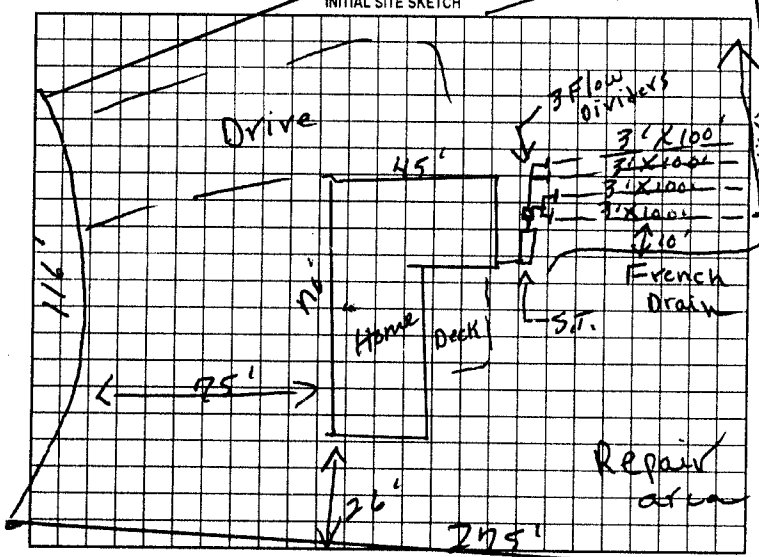
Comments/Conditions:

30% Slope Driveway

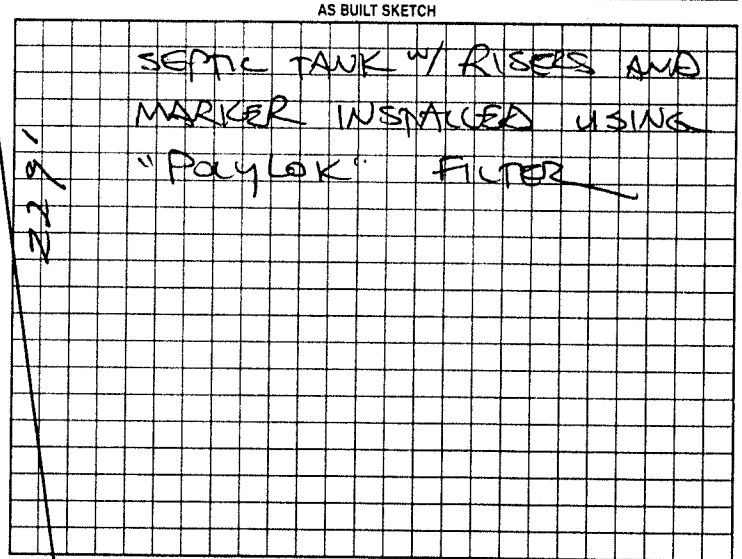
Comments/Conditions:

Start French Drain 12" below bottom of upper & Run to Daylight.

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: George E Pendleton date 4-6-99 Installed by: K & K Grading

Improvement Permit by: P. C. Moore date 4-1-99 Operation Permit by: Cary McCrary KSI date 9/17/00

Authorization to Construct by: P. C. Moore date 4-1-99 Existing System Inspection by: _____ date _____

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