IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 101124 PIN# 4766-92-3271 DATE 10-9-01

OWNER OR CONTRACTOR RANDAL A DAVIS PHONE: Business 704-664-7440 Home 704-881-0391

ADDRESS 104 Sylvan DR STATESVILLE NC 28677

LOCATION HWY 64 E, @ RIVER HILL, @ AFTER INTERSTATE DIRT DRIVE

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 20.00 AC SITE CLASS PS DESIGN FLOW ~~300~~ 240 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 825 Date 3-7-02
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet EQ=800 Linear Feet 320'
No Lines 4 X 80' Trench Width 12" Max Trench Bottom Depth 18"

X New System ☐ Repair System Type: I. II. (III) IV. V. VI
System Description: 10" LARGE DIAMETER PIPE
Repair System Description: AT GRADE 25% RED
Maintenance Agreement Required: ☐ Yes X No
Gravel Depth N/A ☐ Slab ☐ Crawl Space X Basement w/plumbing ☐ Basement wo/plumbing

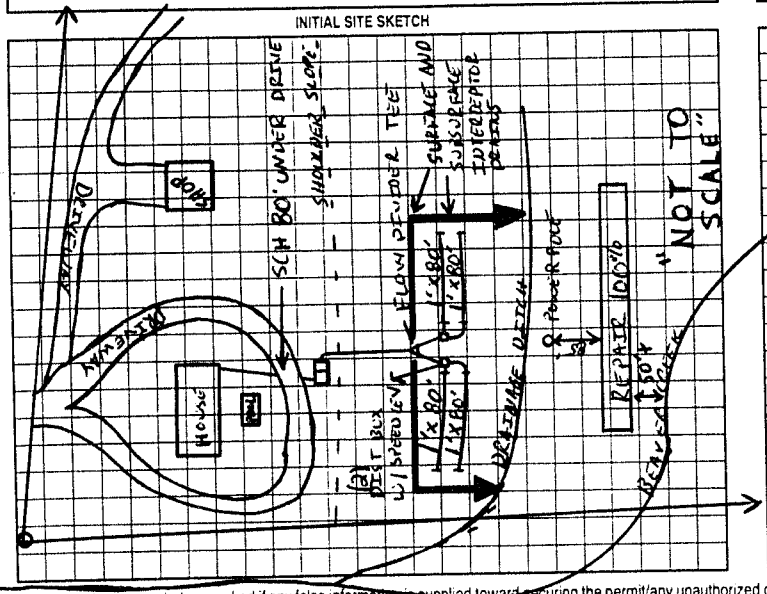
X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: X Individual ☐ Public ☐ Community WELL

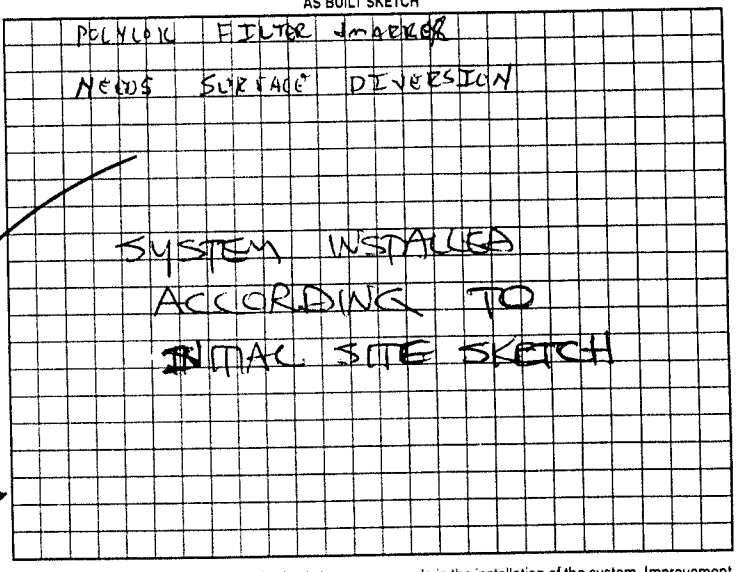
Comments/Conditions: (1) CALL PRIOR TO INSTALLATION FOR CONSULTATIVE VISIT ARRANGEMENTS (2) USE FLOW DIVIDER TEE & 2 DIST BOX WITH SPEED LEVELERS (3) NOTE SYSTEM TYPE

Comments/Conditions: (4) IF HAVE WELL, KEEP AWAY 100' FROM ANY PARTOF SYSTEM (5) INSTALL FRENCH DRAIN & SURFACE DIVERSION DITCH & MAINTAIN SETBACKS (6) SEE Attached RULES

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: Charlotte Davis date 11-12-01
Improvement Permit by: Jim Cook R.S. date 10-9-01
Authorization to Construct by: Jim Cook date 10-9-01

Installed by: ROWAN SEPTIC
Operation Permit by: STEVE HENRICK date 11-15-02
Existing System Inspection by: _____ date _____

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