IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 CI/LI MOORESVILLE 704-664-5281

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

PERMIT# 107534 PIN# 4766-91-3000 DATE 7-18-02

OWNER OR CONTRACTOR KELLY CORNETT PHONE Business _____ Home 704-872-1967

ADDRESS 535 RIVER HILL ROAD STATESVILLE NC 28677

LOCATION HWY 64, (L) RIVERHILL LEFT AT WHITE HOUSE, BY INTERSTATE

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 24 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .5

Septic Tank: 1000 Gallons; STB 1012 Date 3-4-02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 4 Square Feet 1200' Linear Feet 400'
No Lines 3x133' 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: CONV GRAV
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes X No
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

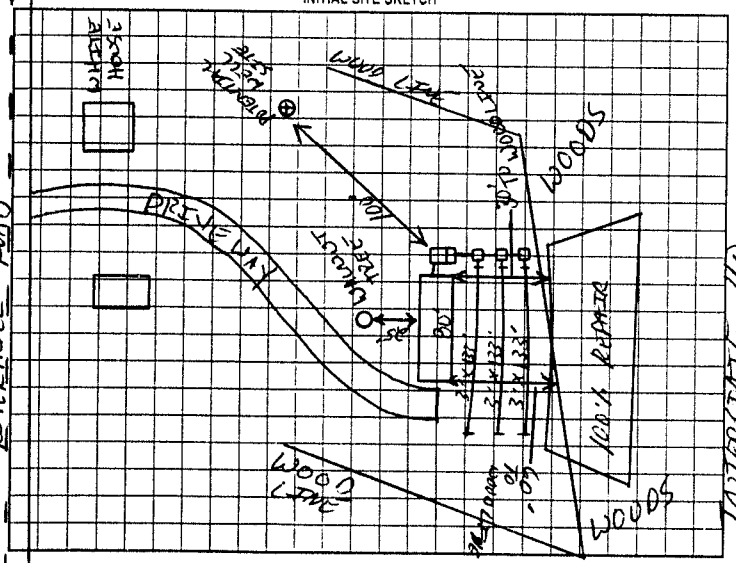
☐ House/Mod. Home No. Bedrooms 3
X Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other

Water Supply: X Individual ☐ Public ☐ Community WELL

Comments/Conditions: (1) SYSTEM & HOUSE IS ENTIRELY FLAGGED OUT (2) MAINTAIN SETBACKS (3) KEEP WELL 100' FROM SYSTEM.

Comments/Conditions POT IN 35% RED - 3x90' LINES. POLYLOK FILTER & MARINER I INSTALLED AS SHOWN NEEDS WARRANTY INFO. FOR 35% REDUCTION & PAY $130.00.

INITIAL SITE SKETCH



AS BUILT SKETCH

EVERYTHING DONE LC 10-11-02

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: Kelly Cornett date 07-18-02 Installed by: TOMMY FRYE GRADING

Improvement Permit by: _____ date 07-18-02 Operation Permit by: _____ date 10-11-02

Authorization to Construct by: _____ date 07-18-02 Existing System Inspection by: _____ date _____

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