IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 91120 PIN# 4772 97 2073 DATE 1/11/01

OWNER OR CONTRACTOR Frank Upright PHONE: Business _____ Home 873-3720

ADDRESS 329 Knox Farm Rd Statesville NC 28677

LOCATION 70 E, R Knox Farm, Approx 7/10 mile on Lt

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons: STB 1760 Date 10-16-00

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

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

No Lines 6@67' 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: Gravity Conventional

Repair System Description: Shane

Maintenance Agreement Required: [ ] Yes [X] No

[ ] House/Mod. Home [X] Mobile Home [ ] Business [ ] Other

No. Bedrooms 3 No. Bathrooms 1 No. Employees _____

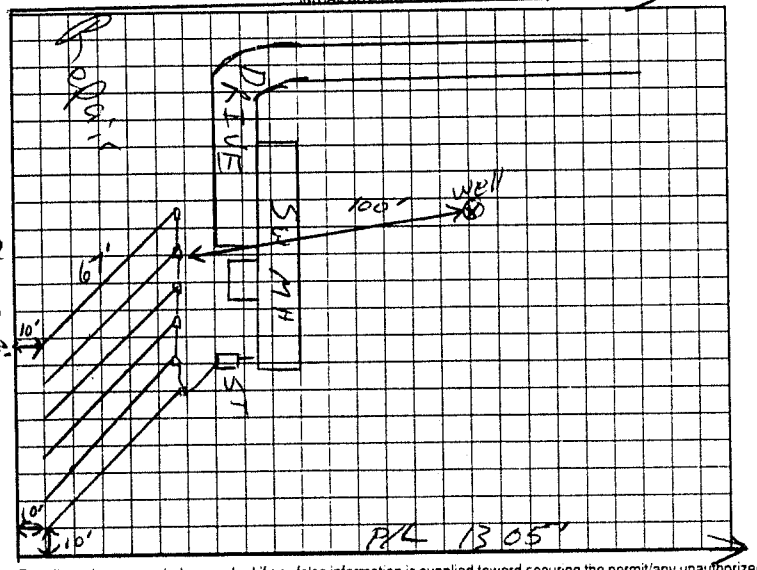
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

Comments/Conditions:

Not to Scale

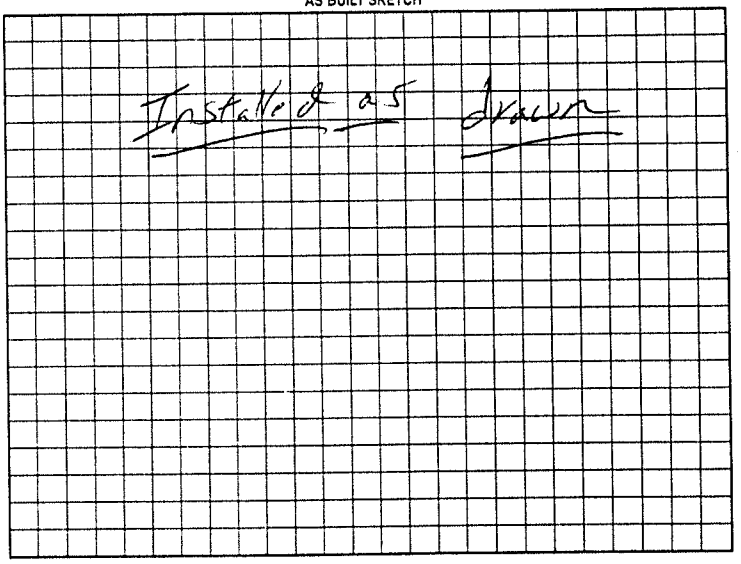
INITIAL SITE SKETCH P/L 1309' →



Comments/Conditions:

- Poly/Lok Filter Installed
- Septic Tank Marker Installed

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: Margie Cole date 1-16-01 Installed by: Myers Septic Tank Co

Improvement Permit by: [signature] REHS date 1/16/01 Operation Permit by: William Oxsheer REHS date 1-24-01

Authorization to Construct by: [signature] REHS date 1/16/01 Existing System Inspection by: _____ date _____

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