# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 093939 PIN# 4773 91 3574 DATE 1/24/01

OWNER OR CONTRACTOR TIM & SUSAN WEAVER PHONE: Business (704) 871-2262 Home

ADDRESS 3216 SALISBURY HWY, STATESVILLE, NC 28677

LOCATION HWY 70 E, 2nd DR PAST KNOX FARM RD ON (R)

SUBDIVISION BLOCK / SECTION LOT LOT AREA 32 Ac. SITE CLASS. DESIGN FLOW L.T.A.R.

Septic Tank: 1000 Gallons; STB 1012 Date 5/12/97
Pump Tank: 1000 Gallons; PT 17 Date 10/20/96
Pump Make: HYDROMATIC Model SHEF 100MS Serial No. 1342-5-057-1
Nitrification Field: No Fields 1 Square Feet [redacted]2300 Linear Feet [redacted]767
No Lines 8 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☐ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: PUMP TO CONVENTIONAL
Repair System Description:
Maintenance Agreement Required: ☐ Yes ☒ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees 4
☑ Other HOUSE + SHOP

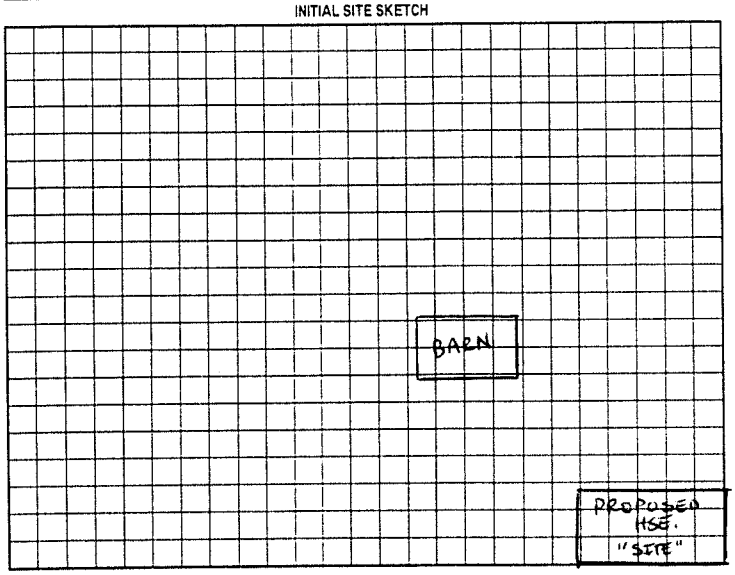
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

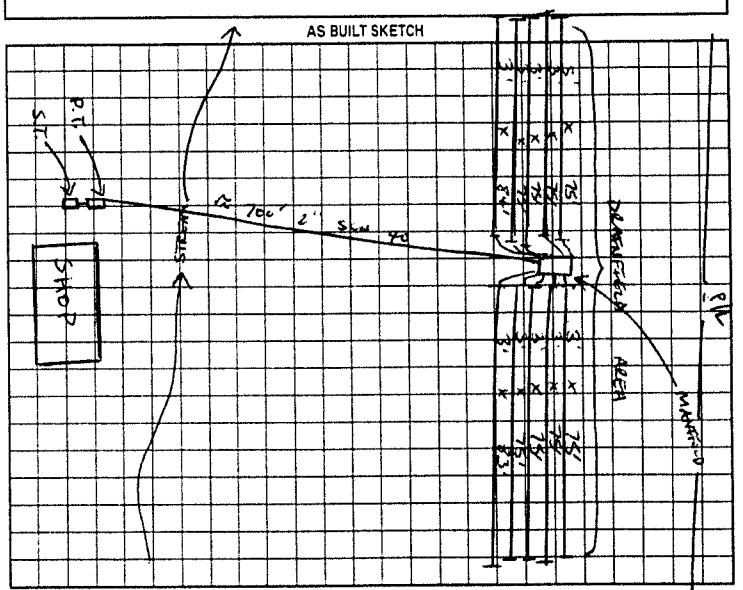
Comments/Conditions:

Comments/Conditions: (1) NO CUTTING OR FILLING ON DRAINFIELD AREAS (2) KEEP ALL DRAINS AWAY FROM DRAINFIELD AREAS (3) MAINTAIN 5' SETBACK FROM ANY PART OF SYSTEM WITH HSE.

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 _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Tracy Stinson date 1/24/01

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