IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100395 PIN# 4774-19-7318 DATE 12-5-01

OWNER OR CONTRACTOR STEVE HART PHONE: Business _____ Home 704-873-2006

ADDRESS 1712 ISLAND FORD RD STATESVILLE NC 28625

LOCATION 64E, (R) NEWSTEM, (L) SALEM MEADOWS, 2ND LOT ON LEFT

SUBDIVISION SALEM MEADOWS BLOCK / SECTION _____ LOT 2 LOT AREA .54 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet EQ=1200' Linear Feet 300'

No Lines 3x100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI

System Description: GRAV 2540 RED

Repair System Description: GRAV/LP PANEL

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 2

[ ] Business No. Employees ____

[ ] Other _____

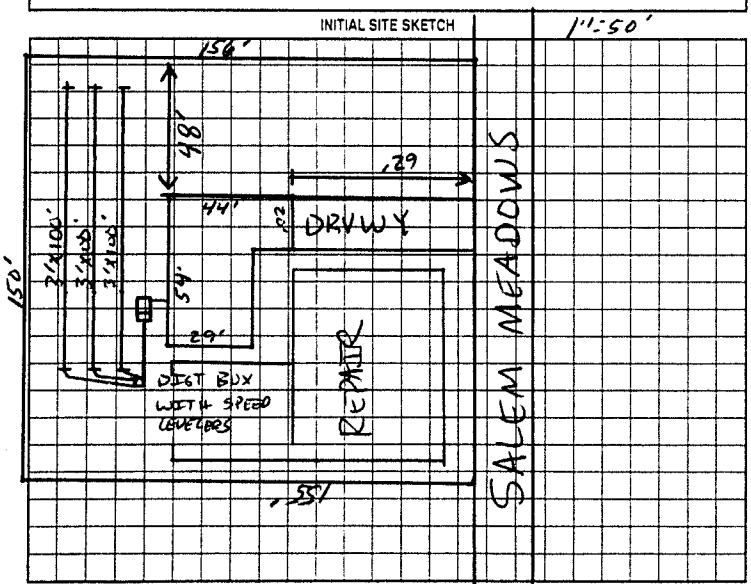
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

Comments/Conditions: (1) SYSTEM AREA WAS UPHILL BUT GROUND CUT & INSTALLED TO MEET THE RULES (2) MAINTAIN SETBACKS

Comments/Conditions:

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 12-07-01 Installed by: DALE FOX

Improvement Permit by: _____ date 12-5-01 Operation Permit by: _____ date 12-5-01

Authorization to Construct by: _____ date 12-5-0 Existing System Inspection by: _____ date _____

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