IREDELL COUNTY HEALTH DEPARTMENT

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

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

(2)

PERMIT# 120450 PIN# 4774-27-5270 DATE 5-10-04

OWNER OR CONTRACTOR RANDALL BOLIN PHONE: Business 704-902-4894 Home 704-871-0242

ADDRESS 300 CAMELOT DR STATESVILLE, NC 28625

LOCATION US 64 EAST, TR NEW SALEM ROAD, 1.3 MILE ON LEFT BACK OFF ROAD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 8.77 ACRES SITE CLASS. PS DESIGN FLOW 100 L.T.A.R. 0.20 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 1-10-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 500 Linear Feet 166
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONVENTIONAL, GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth 12"

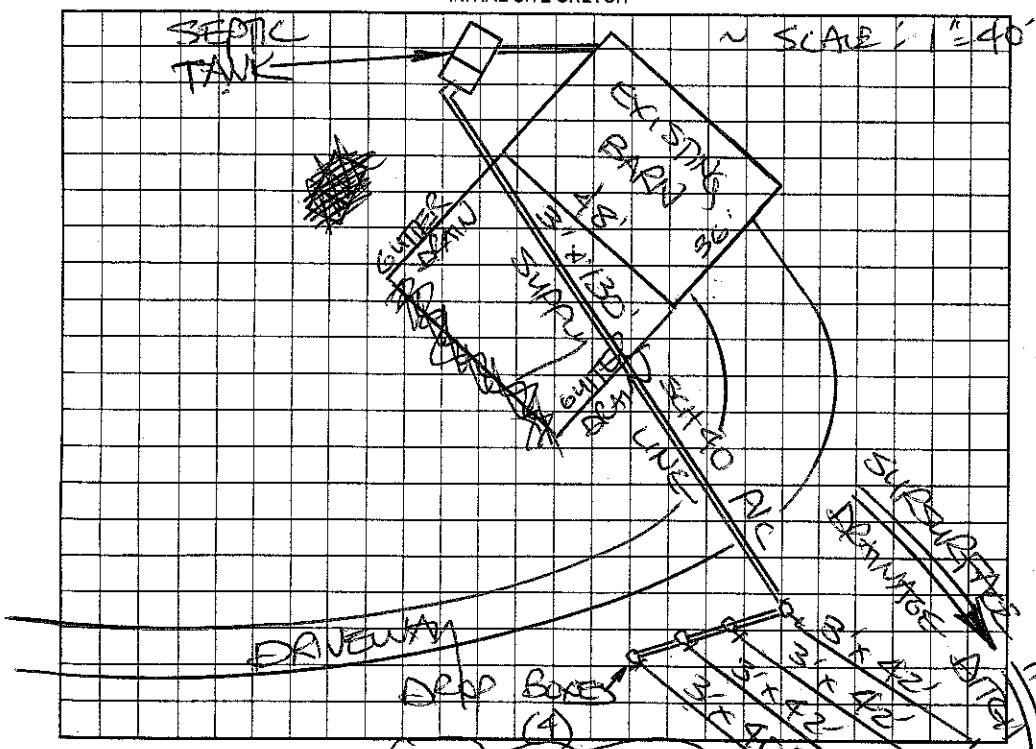
☐ House/Mod. Home No. Bedrooms ___
☐ Mobile Home No. Bathrooms 1/2
☐ Business No. Employees ___
☐ Other PRIVATE BARN
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Public
☐ Community
WELL

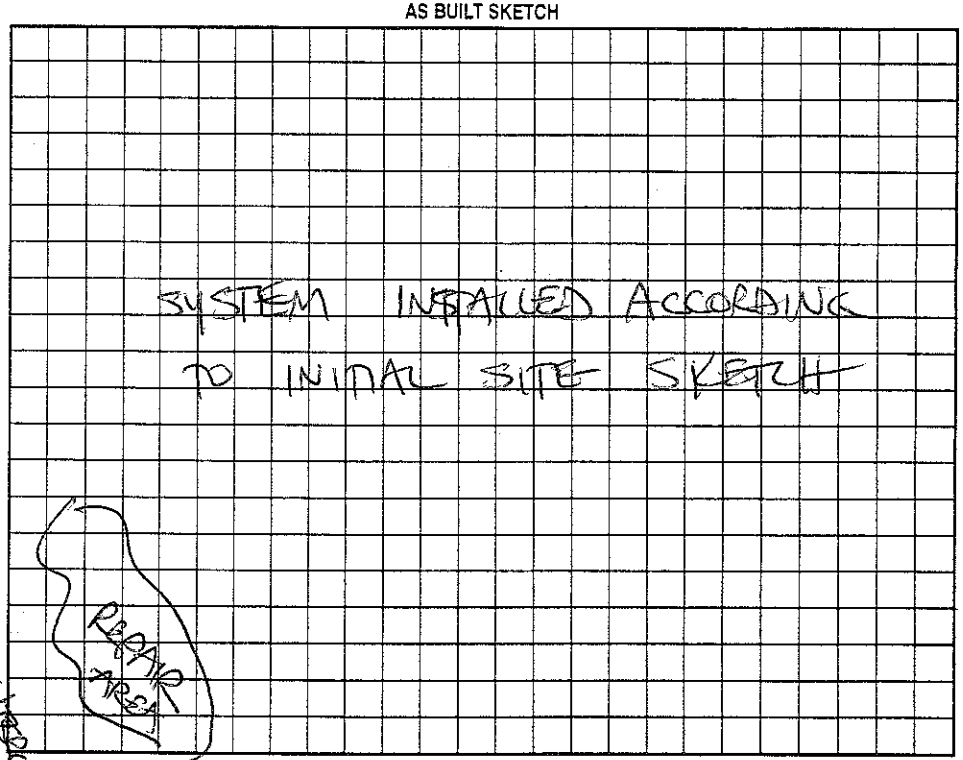
Comments:/Conditions: INSTALL SUBSURFACE INTERCEPT DRAINAGE DITCH AT LOCATION SHOWN.

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: [signature] date 5-10-04

Improvement Permit by: STEVE HEDRICK date 5-10-04

Authorization to Construct by: STEVE HEDRICK date 5-10-04

Installed by: A-1 BACKHOE

Operation Permit by: STEVE HEDRICK date 5-14-04

Existing System Inspection by: _____ date _____

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