CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 5-4-01

PERMIT# 095656 PIN# 4774549752, PORT PHONE: Business _____ Home 873-6327

OWNER OR CONTRACTOR JOE DAVENPORT

ADDRESS 365 BARRY OAK RD, STATESVILLE, NC 28625

LOCATION 64 EAST, @ BARRY OAK, @ MILLS GARDEN, ON RIGHT NEW ROAD

SUBDIVISION MILLS GARDEN FARMS BLOCK / SECTION _____ LOT 22 LOT AREA 2.76 SITE CLASS PS DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: 1600 Gallons: STB 1012 Date 7-14-01
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields ___ Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth (MIN 36") Gravel Depth 12"

[X] New System [ ] Repair System Type: I (II) III IV V VI
System Description: CONV GRAV
Repair System Description: GRAV / PUMP 25% RED
Maintenance Agreement Required: [ ] Yes [X] No

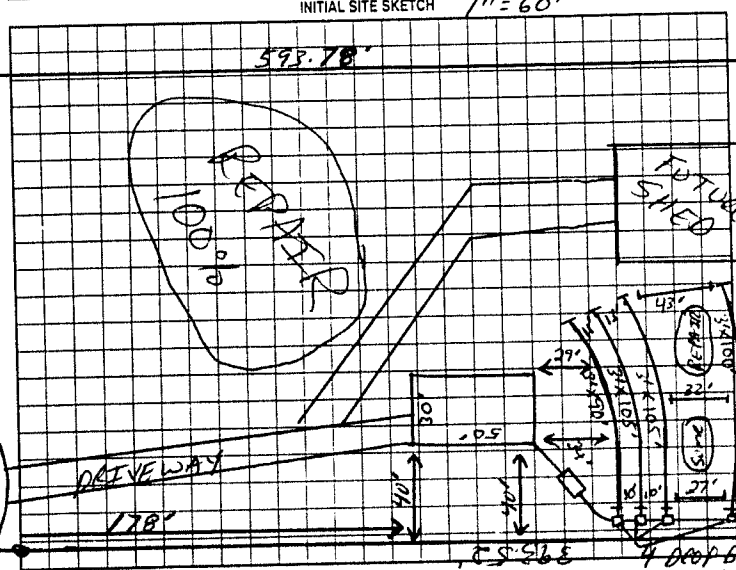
[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other
No. Bedrooms 2 No. Bathrooms 2 No. Employees ___
[ ] Slab [ ] Crawl Space [ ] Basement w/plumbing [X] Basement wo/plumbing

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

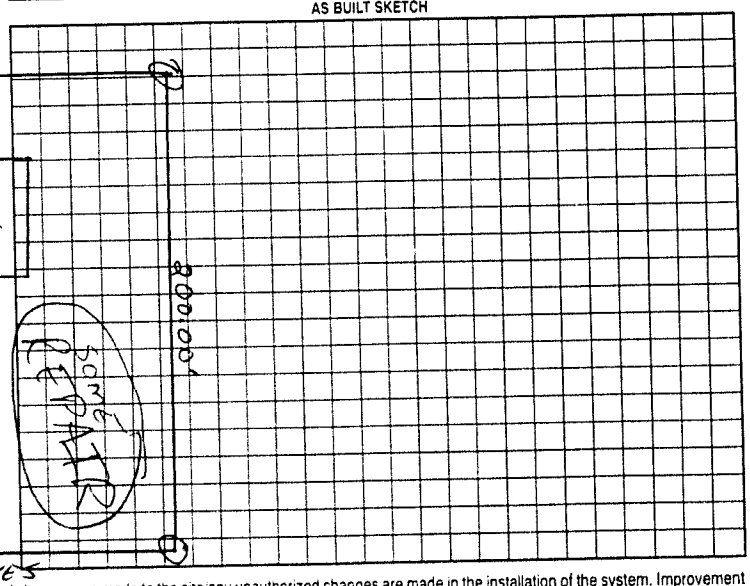
Comments/Conditions: ① INSTALL LINES ON CONTOUR ② SYSTEM IS FLAGGED OUT ③ STAY 10' OFF PROPERTY LINE ④ MAKE SURE FUTURE SHED IS 5' off foundation

Comments/Conditions: HOUSE IS TWO BEDROOMS BUT SYSTEM SIZED FOR 3 BEDROOM HOUSE
POLYLOK FILTER + MARKER

INITIAL SITE SKETCH 1" = 60'



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: Joe Davenport James Fry date _____ Installed by: James Fry

Improvement Permit by: Jim Cook REHS date 5-4-01 Operation Permit by: Jim Cook RS date 12-6-01

Authorization to Construct by: Jim Cook REHS date 5-4-01 Existing System Inspection by: _____ date _____

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