IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 102443 PIN# 4775-05-2716 DATE 10-3-01

OWNER OR CONTRACTOR DAVID HENSLEY PHONE: Business Home (704) 873-6577

ADDRESS 1348 RADIO ROAD STATESVILLE NC 28625

LOCATION US 64 EAST, TL SAIN' RD, TL SPRING FOREST RD, LOT AT END ON RIGHT

SUBDIVISION SPRING FOREST BLOCK / SECTION ____ LOT 33 LOT AREA 1.7312 ACRES SITE CLASS PS DESIGN FLOW 600 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1500 Gallons: STB 1011 Date 4-17-01
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ TO 2000 Linear Feet 6666
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☑ 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

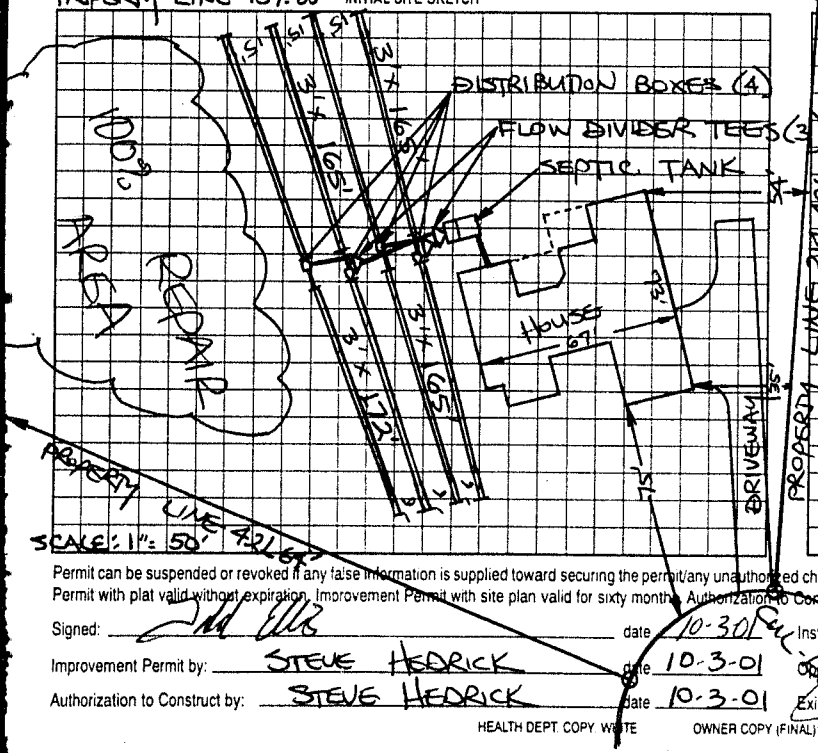
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3 ½
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: USE THREE FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION INTO EACH OF FOUR DISTRIBUTION BOXES SPLITTING ONE LINE EACH

Comments/Conditions: POLYFLOW FILTER RISERS

PROPERTY LINE 457.88' INITIAL SITE SKETCH



AS BUILT SKETCH

83' 4" ON EACH LINE TO EQUAL 6666'
NEED TO CHECK LAST 3 LINES ON LEFT SIDE,
EVERYTHING CHECKED. FIRST 2 BOXES LEVEL
LAST 2 BOXES USED SPEED LEVELERS.

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 10-30 Installed by: DAVID YOUNTZ

Improvement Permit by: STEVE HEDRICK date 10-3-01 Operation Permit by: ____ date 04-17-02

Authorization to Construct by: STEVE HEDRICK date 10-3-01 Existing System Inspection by: ____ date ____

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