CT

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094511 PIN# 4725 14 0974 DATE 02/20/01

OWNER OR CONTRACTOR RYAN CANNON PHONE: Business 878-6633 Home 528-1298

ADDRESS 3157 SPRINGS LOOP STATESVILLE NC 28625

LOCATION 64 E. ⓓ SAIN, ⓡ SPRING FORREST, AT END ON R. SIDE

SUBDIVISION _____ BLOCK / SECTION _____ LOT 84 LOT AREA .69 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 7-3-01
Pump Tank: 1000 Gallons: PT 17 Date 6-6-00
Pump Make: GOULDS Model WE05111H Serial No #0155353
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

X New System ☐ Repair System Type: I II III IV V VI
System Description: Pump / Conv
Repair System Description: Pump PANEL
Maintenance Agreement Required: ☐ Yes X No
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

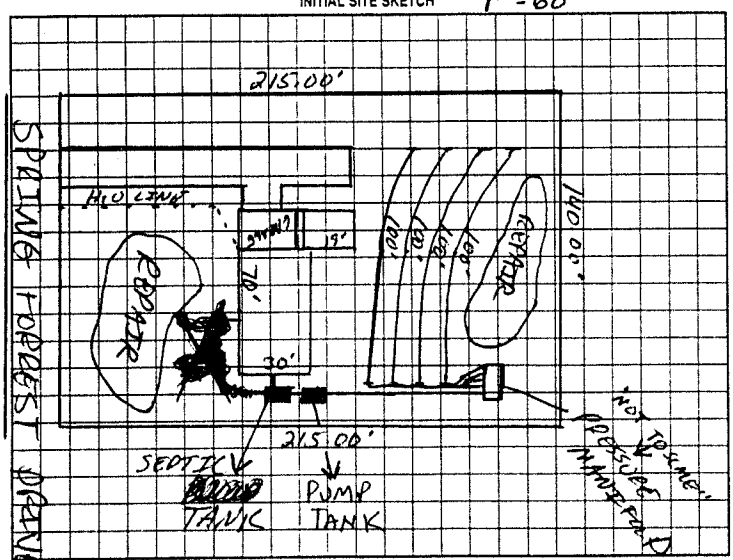
X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

Water Supply: ☐ Individual X Public ☐ Community

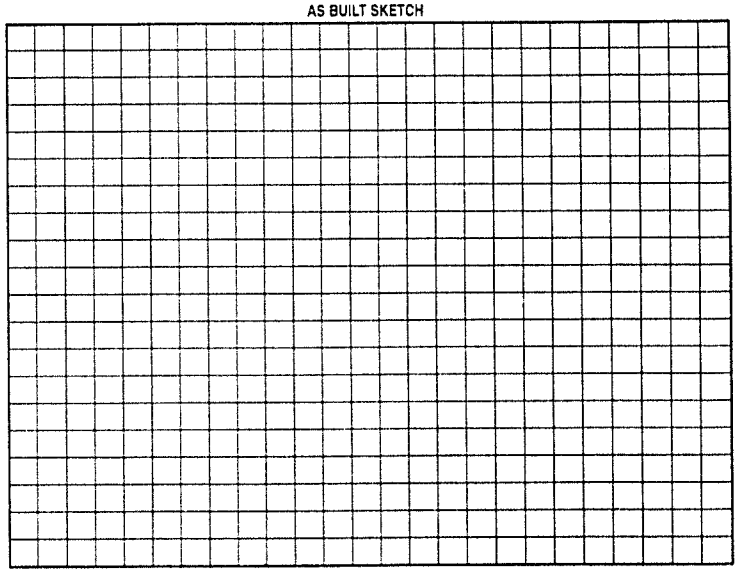
Comments/Conditions: ① KEEP SYSTEM 10' OFF PROPERTY LINE & 5' off HOUSE. ② KEEP HOLINE 10' AWAY FROM SYSTEM ③ INSTALL LINES ON contour using pressure manifold.

Comments/Conditions ④ TANK LOCATION ALTERED AS SHOWN
POLYLOK FILTER & RISERS INSTALLED AS SHOWN
EVERYTHING CHECKED OK

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: _____ date 2/26/01 Installed by: DAVID YOUNT

Improvement Permit by: _____ date 02/26/01 Operation Permit by: _____ date 10-2-01

Authorization to Construct by: _____ date 02/26/01 Existing System Inspection by: _____ date _____

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