IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100397 PIN# 4775-81-8480 DATE 04-30-02

OWNER OR CONTRACTOR RAY + NANCY CAIN PHONE Business _____ Home 704-872-2257

ADDRESS 348 BARRY OAK RD STATESVILLE NC 28625

LOCATION 64E, (R) BARRY OAK RD, RT 1/8 mile

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 13.75 AC SITE CLASS PS DESIGN FLOW 240 LTAR .15

Septic Tank: 1000 Gallons: STB 1012 Date 8-2401

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet EQ=1600 Linear Feet 400'

No Lines 5X80' Trench Width 36" Max Trench Bottom Depth (24") Gravel Depth N/A

X New System ☐ Repair System Type: I II (III) IV V VI

System Description: GRAV 2546 RED

Repair System Description: PUMP 2546 1200

Maintenance Agreement Required: ☐ Yes X No

X House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

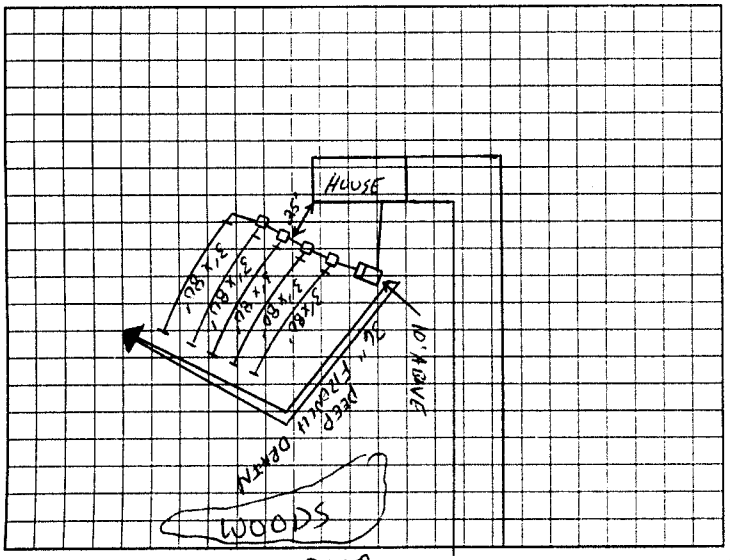
☐ Slab ☐ Crawl Space X Basement w/plumbing X Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

Comments/Conditions: (1) PREVIOUS SYSTEM APPEALED + OVERULED (2) WORKED WITH HOME OWNER + AGREED GRAVITY 2546 RED SYSTEM WILL WORK FOR A TWO BEDROOM HOUSE AT A .15 LTAR + FRENCH DRAIN.

Comments Conditions (1) SEEN HOUSE PLANS + [redacted] TWO BEDROOM PLAN (2) REPAIR WILL BE PUMP SYSTEM UP NEXT TO THE ROAD, (3) REFER TO SKETCH ATTACHED.

INITIAL SITE SKETCH



AS BUILT SKETCH

POLYLOK FILTER + MARKER

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 04-30-02 Installed by TOMMY FRYE

Improvement Permit by: _____ date 04-30-02 Operation Permit by _____ date 0430-02

Authorization to Construct by: _____ date 04-30-02 Existing System Inspection by _____ date _____

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