IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 89493 PIN# 4776 42 93 57 DATE 6/20/00

OWNER OR CONTRACTOR ANTHONY WHITE PHONE: Business _____ Home 871-2578

ADDRESS 109 EVERGREEN LN STATESVILLE NC 28625

LOCATION 64E - TL SWANN - TL MCALLISTER - TL LEXANNA - ON LT NEAR END

SUBDIVISION LEX-WHITE BLOCK / SECTION _____ LOT 3 LOT AREA .61AC SITE CLASS. RS DESIGN FLOW 360GPD L.T.A.R. .369 FT²

Septic Tank: 1000 Gallons; STB 794 Date 6/19/00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: GRAVITY INNOVATIVE

Repair System Description: PUMP PANEL/INNOVATIVE

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

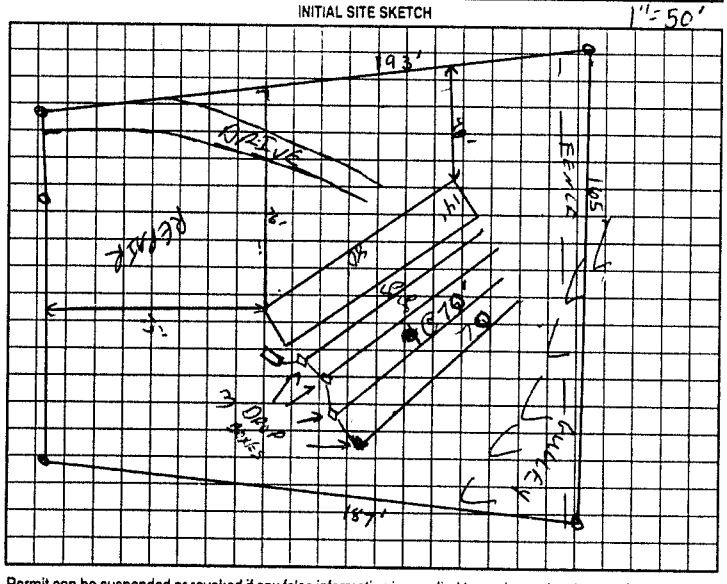
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

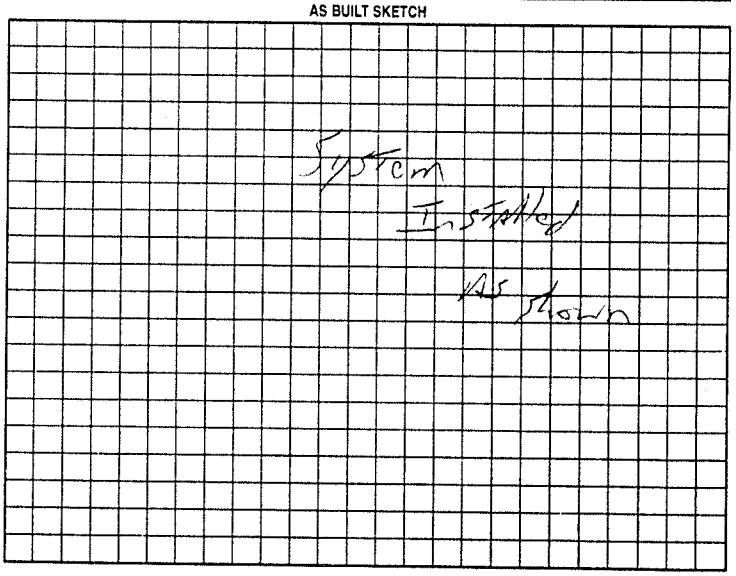
Comments/Conditions:

Comments/Conditions: ZABLE FILTER USED
30 HDS SECTIONS USED

INITIAL SITE SKETCH 1"=50'



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: Anthony D White date 6-22-00

Improvement Permit by: C. Blythe RS date 6/20/00

Authorization to Construct by: C. Blythe RS date 6/20/00

Installed by: Commercial Services

Operation Permit by: JC Potter date July 21 2000

Existing System Inspection by: _____ date _____

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