# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 109056 PIN# 4776-54-7161 DATE 10-26-02

OWNER OR CONTRACTOR LEANORD ROSEBURO PHONE: Business _____ Home 704-873-8884

ADDRESS 130 LUCK LANE, STATESVILLE, NC 28625

LOCATION 64 EAST, (2) SWANN, (3) MCALISTER, (4) LUCKY LANE, AT END BEYOND HOUSE

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.0AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 799 Date 9.14.62
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 3X133' 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: CONV GRAV
Repair System Description: PUMP 250/12ED
Maintenance Agreement Required: [ ] Yes [X] No

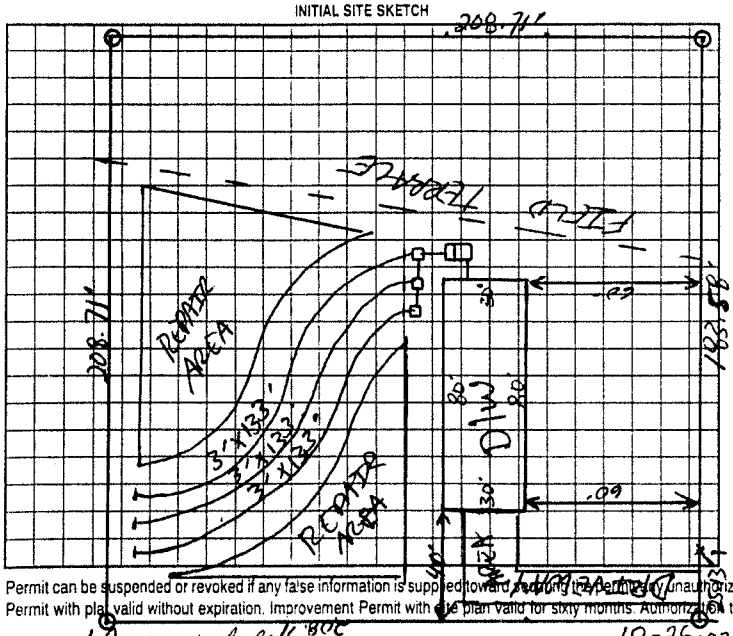
[ ] House/Mod. Home No. Bedrooms 3
[X] Mobile Home PW No. Bathrooms 2
[ ] Business No. Employees _____
[ ] Other _____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

Comments/Conditions: (1) SYSTEM & HOUSE COMPLETELY PLUMBED OUT (2) MAINTAIN SETBACKS (3) INSTALL LEVELS ON CONTOURS (4) USE DIST BOXES (3) WITH SPEED LEVELER BECAUSE LOT IS FLAT.

Comments/Conditions: ZABEL FILTER & MARILER INSTALLED AS SHOWN

INITIAL SITE SKETCH




AS BUILT SKETCH

Permit can be suspended or revoked if any false information is supplied toward obtaining the permit, 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: Thomas W. Robbins IV BOC date 10-26-02 Installed by: MARTY TUCKER

Improvement Permit by: [signature] date 10-26-02 Operation Permit by: [signature] PS date 12-23-02

Authorization to Construct by: [signature] date 10-26-02 Existing System Inspection by: _____ date _____

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