3'3"

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 87874 PIN# 4777972784 DATE 2-22-00

OWNER OR CONTRACTOR Harold Gray PHONE: Business _____ Home 872 5547

ADDRESS 111 village Dr. Statesville

LOCATION Old Mocksville Rd TR White Oak TL Deerchase at Tee Intersection TR 8th lot left

SUBDIVISION Deerpark BLOCK / SECTION _____ LOT 81 LOT AREA 1.58acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 2-21-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Conv. Gravity
Repair System Description: Pump To 25% Red.
Maintenance Agreement Required: ☐ Yes ☑ No

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

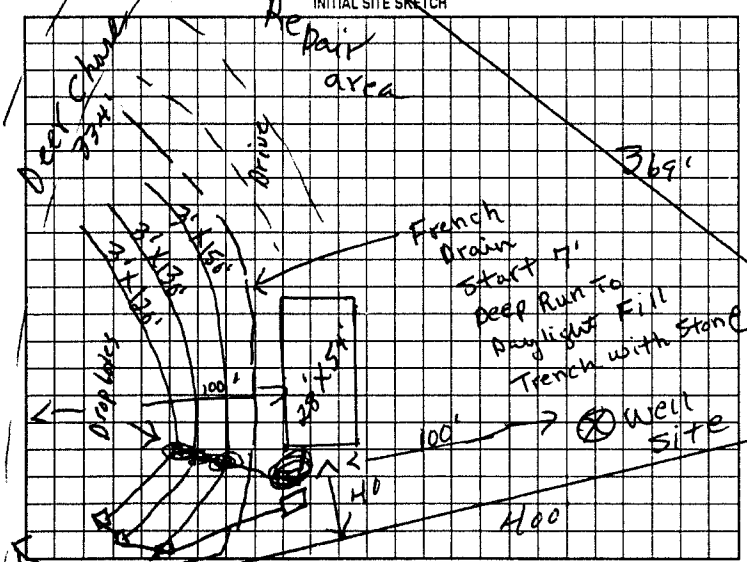
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions:

Comments/Conditions:

INITIAL SITE SKETCH




AS BUILT SKETCH

Same as initial Sketch Except boxes moved to end of Drain Lines as shown

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: X Harold E Gray date 2-22-00 Installed by: Larry Tucker

Improvement Permit by: E. C. Moore date 2-22-00 Operation Permit by: E. C. Moore date 4-11-00

Authorization to Construct by: E. C. Moore date 2-22-00 Existing System Inspection by: _____ date _____

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