IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 87936 PIN# 4778739223 DATE 2-28-00

OWNER OR CONTRACTOR Amy Wike PHONE: Business _____ Home 873 8780

ADDRESS 1982 Old Mocksville Rd Statesville, N.C.

LOCATION Old Mocksville Rd on Rt before Maness House At Fathin River

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA .62 acres SITE CLASS PS DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date [redacted]
Pump Tank: _____ Gallons; PT _____ Date 11-8-99
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 840 Linear Feet 280
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: Conv. Gravity
Repair System Description: " "
Maintenance Agreement Required: [ ] Yes [X] No

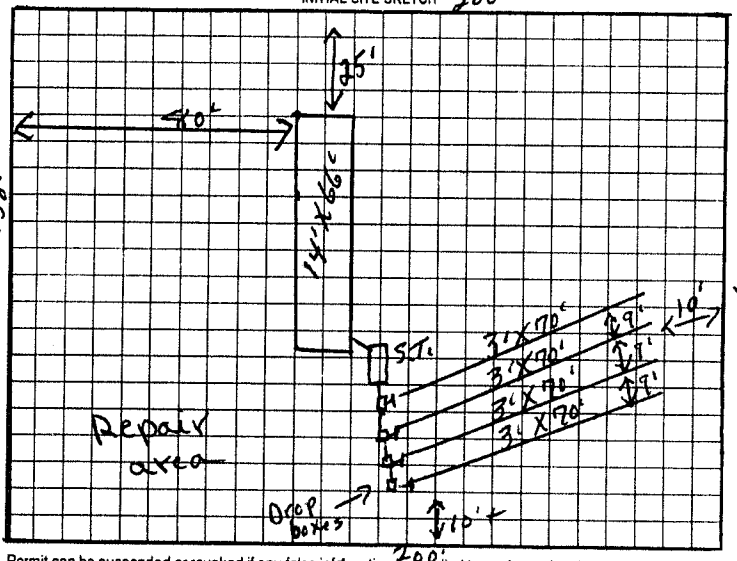
[ ] House/Mod. Home No. Bedrooms 2
[X] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ___
[ ] Other
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

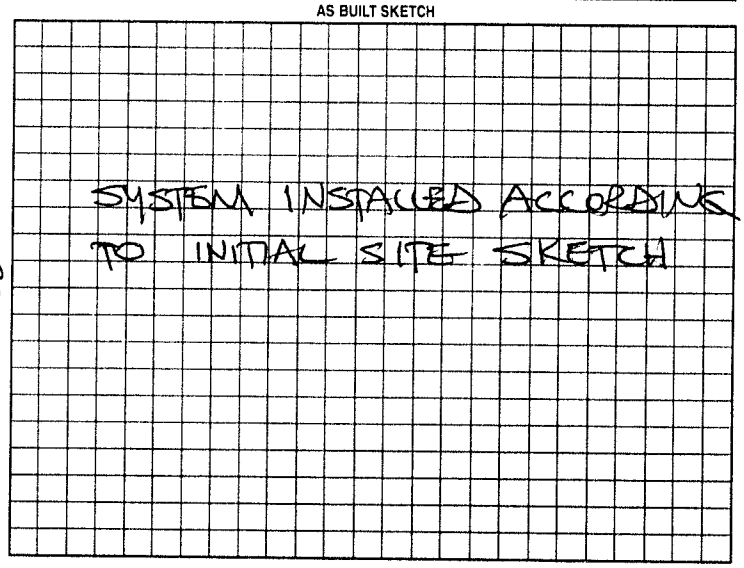
Comments/Conditions: ⊗well next door

Comments/Conditions: SEPTIC TANK WITH RISERS AND MARKERS INSTALLED USING "POLYLOK" FILTER

INITIAL SITE SKETCH 200'



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 _____ Installed by: DAVID YOUNTZ

Improvement Permit by: B.C. Moore date 2-28-00 Operation Permit by: STEVE HEDRICK date 3-9-00

Authorization to Construct by: B.C. Moore date 2-28-00 Existing System Inspection by: _____ date _____

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