IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 082969 PIN# 4779 65 2775 DATE 8-2-99

OWNER OR CONTRACTOR JEROME BOSWELL PHONE: Business _____ Home 876-6330

ADDRESS 120 GINNY LANE, STATESVILLE NC 28625

LOCATION US 21 N, TRI MT. BETHEL ROAD, 0.2 MILE ON RIGHT PAST MARSHALL FARM ROAD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.17 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 9-8-99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet 1200 Linear Feet 400

No. Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONVENTIONAL GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

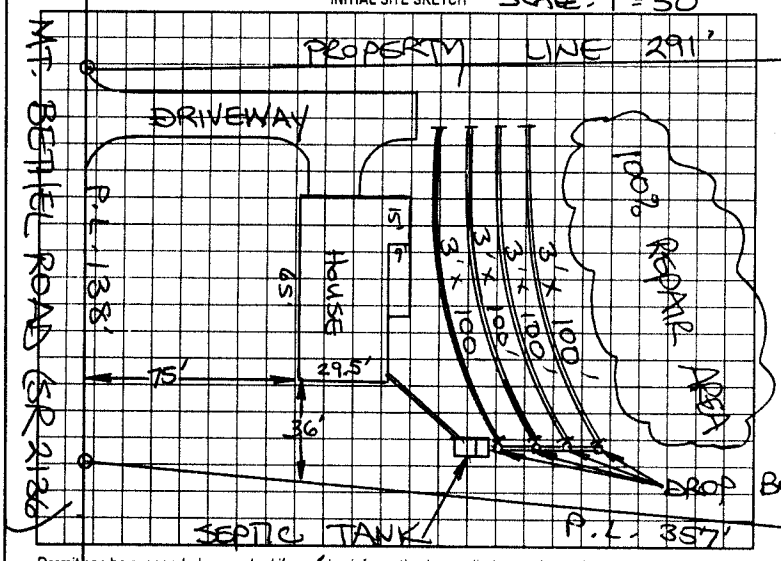
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

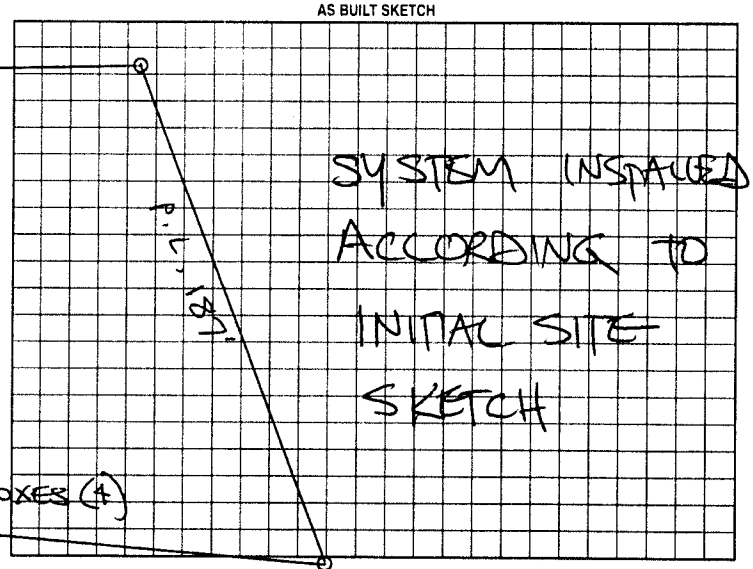
Comments/Conditions:

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

INITIAL SITE SKETCH SCALE: 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: _____ date Aug 2-99 Installed by: DAVID VOUNTZ

Improvement Permit by: STEVE HEDRICK date 8-2-99 Operation Permit by: STEVE HEDRICK date 11-24-99

Authorization to Construct by: STEVE HEDRICK date 8-2-99 Existing System Inspection by: _____ date _____

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