IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 84131 PIN# 4784 09 5757 DATE 10-14-99

OWNER OR CONTRACTOR Charles Jones PHONE: Business _____ Home 872 5894

ADDRESS 121 Dealwood Dr. Statesville, N.C.

LOCATION US 64E TR Barryoak TR Elmwood 1/2mi TL Dealwood at end left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.34 acres SITE CLASS PS DESIGN FLOW 125 L.T.A.R. .12

Septic Tank: 1000 Gallons: STB 312 Date 12-4-99

Hair Salon Tank: ~~Pump Tank~~ 1000 Gallons: STB 312 Date 11-16-99

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 620 Linear Feet [redacted] 210

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: " "

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms ___

☐ Mobile Home No. Bathrooms 1

☒ Business No. Employees 1

☐ Other 1 chair Beautyshop

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

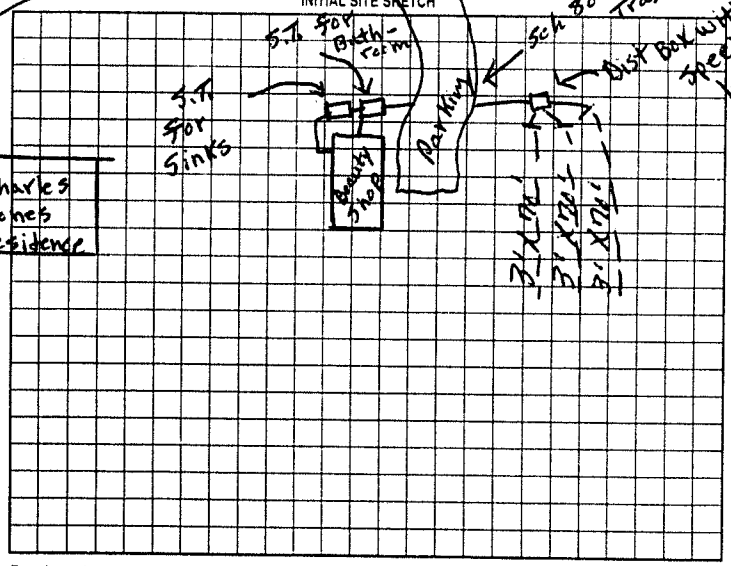
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: WELL

To Dealwood

Comments/Conditions: Septic Tank for Sink water Needs large commercial Filter (Estimate)

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial 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: Charles R. Jones date 10-15-99 Installed by: Wes Fython

Improvement Permit by: f.c. moore date 10-14-99 Operation Permit by: f.c. moore date 2-10-00

Authorization to Construct by: f.c. moore date 10-14-99 Existing System Inspection by: _____ date _____

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