IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 83652 PIN# 4784 09 5757 PT DATE 1/2/01

OWNER OR CONTRACTOR Adam Jones PHONE: Business _____ Home 872-5894

ADDRESS 121 Deal Wood Dr. Statesville NC 28625

LOCATION 64E, R Barry Oak, R Elmwood, L Deal Wood, Lt at end

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.34 AC SITE CLASS PS DESIGN FLOW 240 L.T.A.R. 0.2

Septic Tank: 1000 Gallons; STB 212 Date 3-24-01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☒ New System ☐ Repair System Type: I II III IV V VI
System Description: Gravity Conventional
Repair System Description: same
Maintenance Agreement Required: ☐ Yes ☒ No

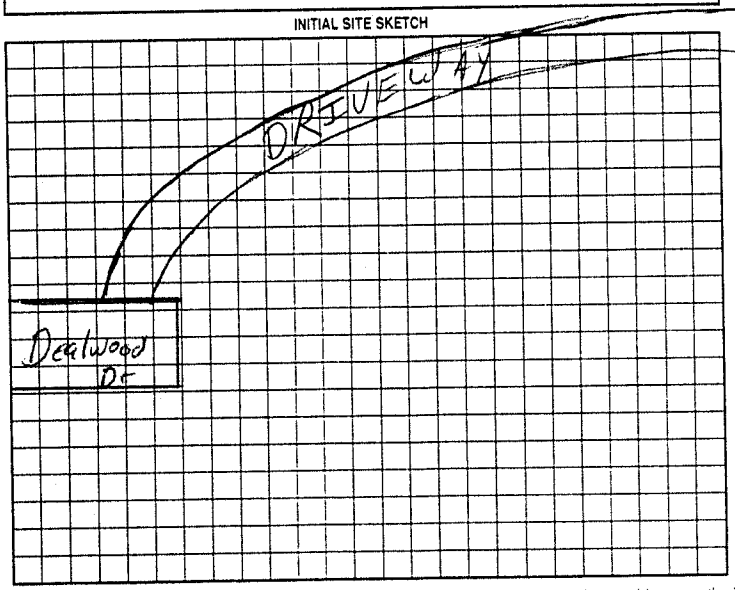
☐ House/Mod. Home No. Bedrooms 2
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

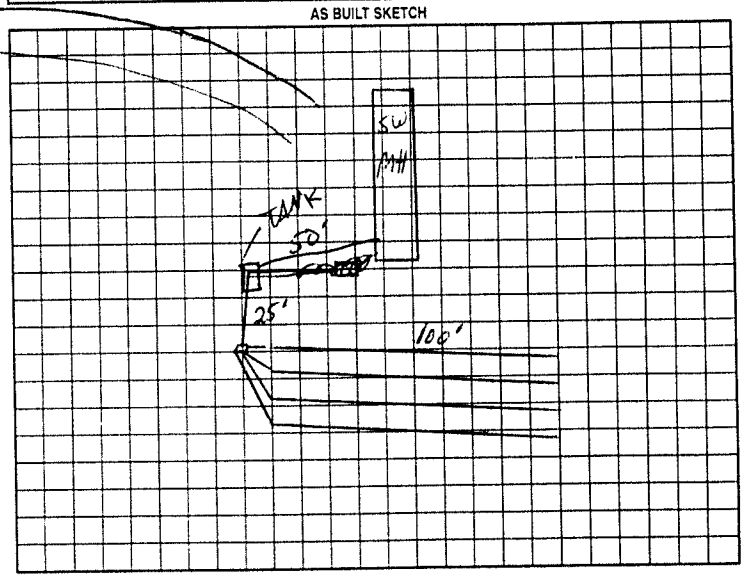
Comments/Conditions:

Comments/Conditions: CHANGED TANK LOCATION LLC 7-31-01
ZABEL FILTER & MARKER

INITIAL SITE SKETCH



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: Adam Jones date 1-5-01

Improvement Permit by: [signature] RSI date 1/2/01

Authorization to Construct by: [signature] RSI date 1/2/01

Installed by: WES GITTON

Operation Permit by: [signature] RS date 8-2-01

Existing System Inspection by: _____ date _____

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