IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104761 PIN# 4785-32-6272 DATE 02-20-02

OWNER OR CONTRACTOR CHRISTY HUFF PHONE: Business _____ Home 704-902-2387

ADDRESS 603 BARRY OAK RD STATESVILLE NC 28625

LOCATION 64 E, @ BARRY OAK, ACROSS FROM LONG VIEW

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 17.72 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 13

Septic Tank: 1000 Gallons: STB 1012 Date 10-4-01
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 3'x133' 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: LONY GRAY
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes X No

X House/Mod Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
X Other ADDITION

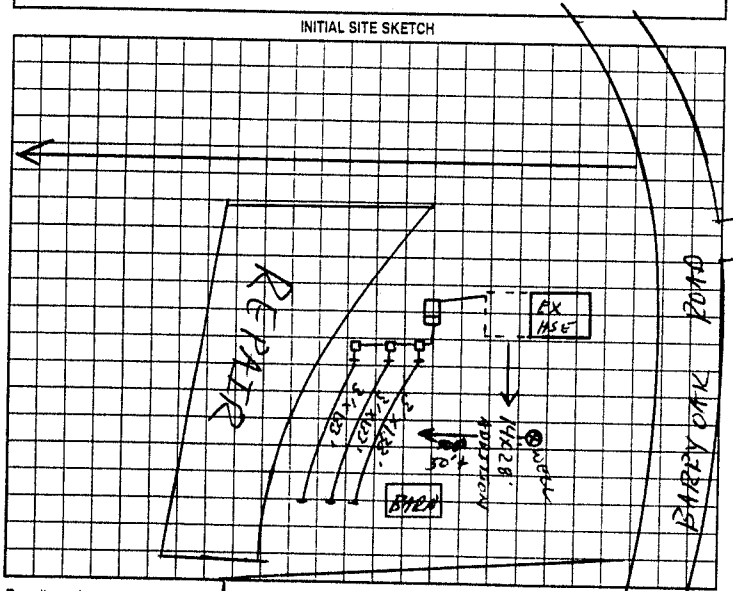
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual X Public ☐ Community BOTH

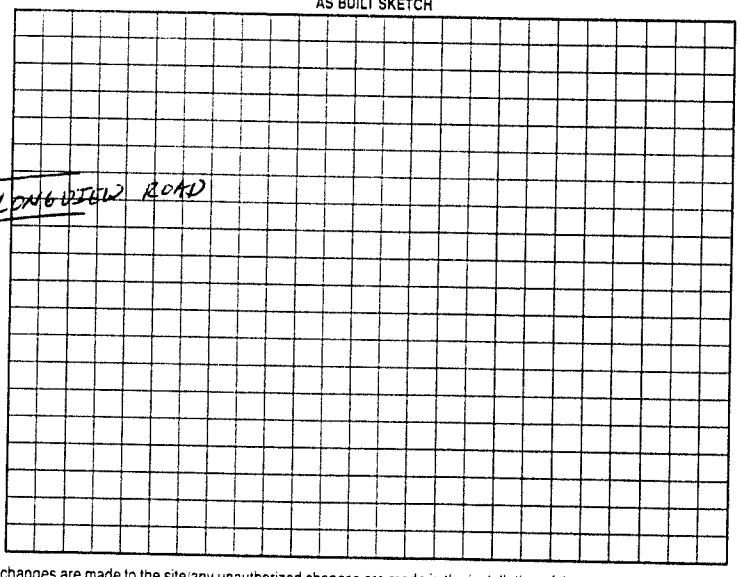
Comments/Conditions: (1) KEEP WELL 50' FROM [redacted] SYSTEM; (2) INSTALL LINES ON CONTOUR (3) MAINTAIN SETBACKS (4) CRUSH & FILL OLD TANK

Comments/Conditions POLY LOK FILTER & MARKER INSTALLED AS SHOWN

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: _____ date _____ Installed by: A-1 BACKHOE

Improvement Permit by: _____ date 02-21-02 Operation Permit by: _____ date 02-21-02

Authorization to Construct by: _____ date 02-21-02 Existing System Inspection by: _____ date _____

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