IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C) MOORESVILLE 704-664-5281

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

PERMIT# 104894 PIN# 4788-91-3608 DATE 2-27-02

OWNER OR CONTRACTOR TONEY CAMPBELL PHONE Business _____ Home 704-546-5073

ADDRESS 310 SUNFLOWER RD, STATESVILLE, NC 28625

LOCATION OLD MOCKSVILLE RD, TR SOCIETY ROAD, TR SUNFLOWER RD, .69 MILE ON RIGHT AT #310

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.0 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.25 SQFT/FT²

Septic Tank: 1000 Gallons: STB 760 Date 5-28-02
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines SIX Trench Width 36 Max Trench Bottom Depth 28" Gravel Depth 12"

✓ New System ☐ Repair System Type I II III IV V VI
System Description CONVENTIONAL GRAVITY
Repair System Description: 25% REDUCTION, PUMP
Maintenance Agreement Required: Yes No

✓ House/Mod Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

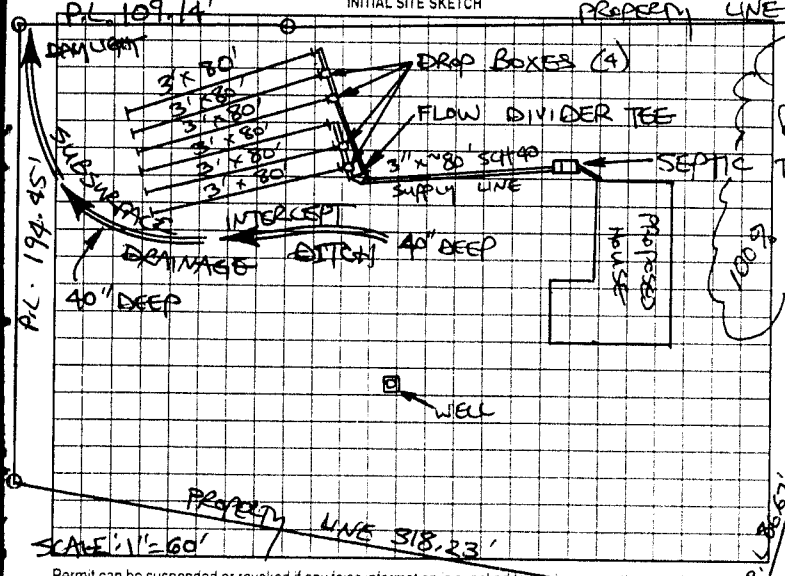
✓ Slab ✓ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ✓ Individual ☐ Public ☐ Community WELL

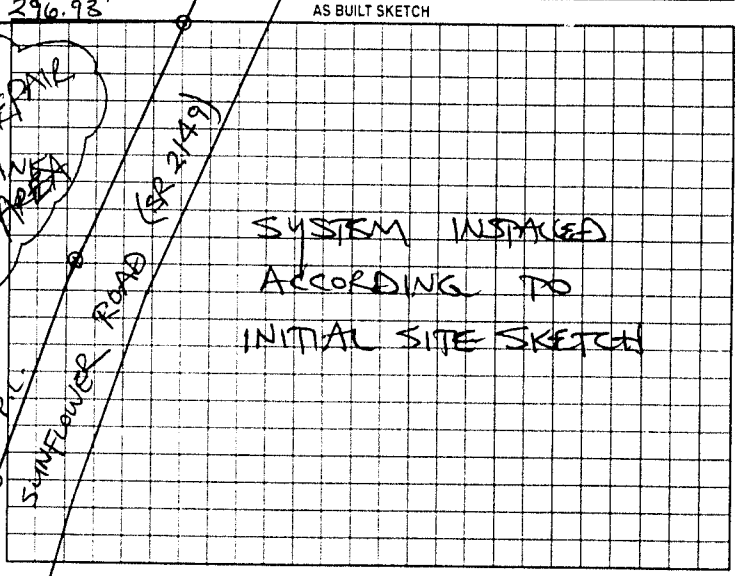
Comments./Conditions: ① INSTALL SUBSURFACE INTERCEPT DRAINAGE DITCH AT LOCATION SHOWN BEGINNING 40" DEEP. ② INSTALL LINES AS SHOWN, NO DEEPER THAN 28".

Comments Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "ZABEL" FILTER

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 2-27-02 Installed by BRIAN McDANIEL

Improvement Permit by: STEVE HEDRICK date 2-27-02 Operation Permit by: STEVE HEDRICK date 9-25-02

Authorization to Construct by: STEVE HEDRICK date 2-27-02 Existing System Inspection by: _____ date _____

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