IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 69077 PIN# 4810619715/8816/8997 DATE June 3 2000

OWNER OR CONTRACTOR Darrell Mason PHONE: Business _____ Home 876 2814

ADDRESS 753 Bowles Farm Rd Statesville NC

LOCATION NC 115 N to Damascus Ch Rd 1.5 Right Hannah Rd Lot on left Corner Lt

SUBDIVISION Burke BLOCK / SECTION _____ LOT 31-35 LOT AREA .56+Ac. SITE CLASS PS DESIGN FLOW 240 L.T.A.R. .3 Pg Sys 1197

Septic Tank: 1000 Gallons; STB CST 160 Date 5-11-00 ☑ New System ☐ Repair System Type: I (II) III. IV. V. VI

Pump Tank: _____ Gallons; PT _____ Date _____ System Description: Conventional GRAVITY

Pump Make: _____ Model _____ Serial No. _____ Repair System Description: SAME

Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270 Maintenance Agreement Required: ☐ Yes ☒ No

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12" ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 2

☒ Mobile Home SW No. Bathrooms 2

☐ Business WH No. Employees _____

☐ Other Bus WH in Future

Water Supply: ☑ Individual ☐ Public ☐ Community

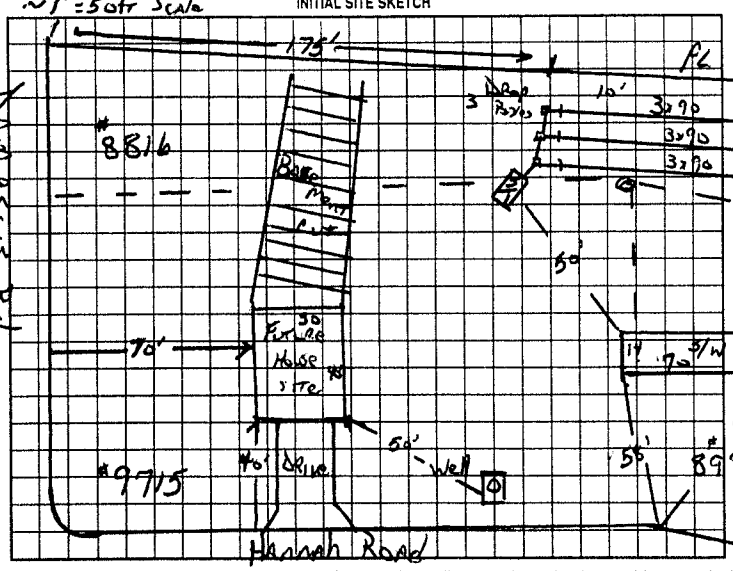
Comments:/Conditions: Keep System 100ft From Well + Ten Ft off Property Line

Comments /Conditions: Tuf-Tite Filter

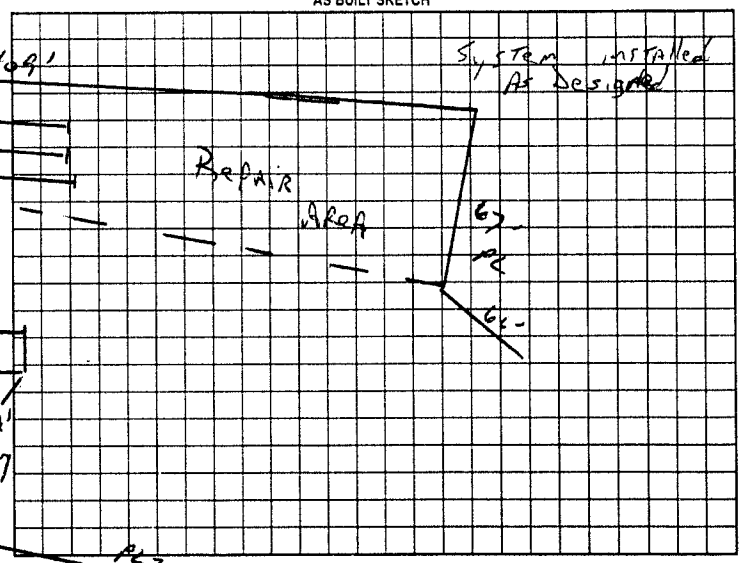
* Single Wide Home MUST be disconnect When House is connected to the system

~1"=50ft Scale

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: Walter F. Mason date 6-3-00 Installed by: Barry Signon

Improvement Permit by: JL Potter date June 3 2000 Operation Permit by: JL Potter date June 6 2000

Authorization to Construct by: JL Potter date June 3 2000 Existing System Inspection by: _____ date _____

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