IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 5-21-99

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

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

PERMIT# 081202 PIN# 4811-07-4404 (PT) DATE 5-24-99

OWNER OR CONTRACTOR PHILLIP TRIVETTE PHONE: Business 592-4407 Home 880-4566

ADDRESS 466 BROOK HAVEN ROAD, STATESVILLE NC 28625

LOCATION NC115N, TL MTN. VIEW RD, TR LOVE VALLEY RD, TL FOX MTN RD, 0.1 MILE ON RIGHT

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA 1.33 Acres SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.33 GPD/FT2

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240

No Lines TWO Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: ☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI

System Description: CONVENTIONAL GRAVITY

Repair System Description: 2520 REDUCTION GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 2 No. Employees ____

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

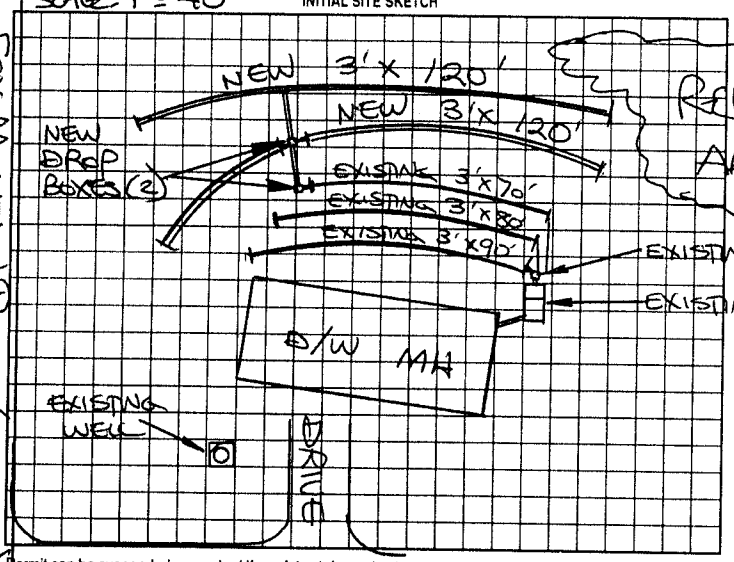
Water Supply: ☐ Individual ☐ Public ☐ Community WELL

Comments/Conditions:

Comments/Conditions:

SCALE: 1" = 40'

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM EXPANDED ACCORDING TO INITIAL SITE 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: Gina Trivette date 5-24-99 Installed by: WESLEY WILLIAMS

Improvement Permit by: STEVE HEDRICK date 5-24-99 Operation Permit by: STEVE HEDRICK date 6-11-99

Authorization to Construct by: STEVE HEDRICK date 5-24-99 Existing System Inspection by: ____ date ____

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