IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 087616 PIN# 4813 16 4639 DATE 2-10-00

OWNER OR CONTRACTOR JOHN GALLINA PHONE: Business _____ Home (336) 492-6143

ADDRESS P.O. BOX 7166, STATESVILLE, NC 28687

LOCATION NC 115 N, TL LINNEY'S MILL ROAD, TR BOWLES STABLE ROAD, 0.3 MILE ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT 1 LOT AREA 2.65 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 5-8-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I (II) III IV V VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth 12" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

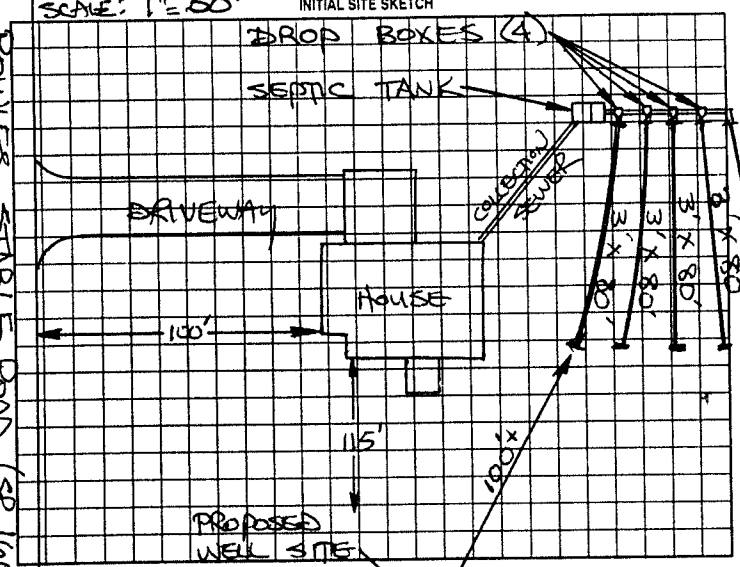
Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

Comments:/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL

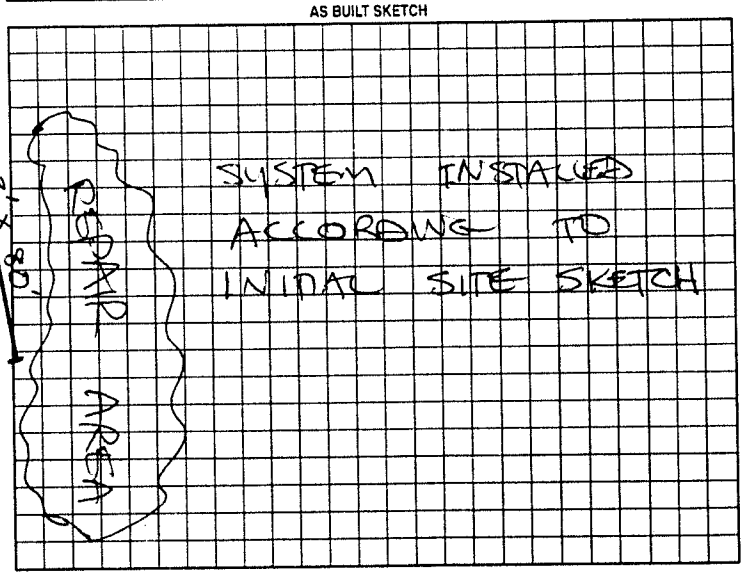
Comments:/Conditions: SEPTIC TANK W/ RISERS INSTALLED USING "POLYLOK" FILTER

INITIAL SITE SKETCH

SCALE: 1"=50'



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 2-10-00 Installed by: HARRY WHITE

Improvement Permit by: STEVE HEDRICK date 2-10-00 Operation Permit by: STEVE HEDRICK date 8-21-00

Authorization to Construct by: STEVE HEDRICK date 2-10-00 Existing System Inspection by: _____ date _____

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