IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 123656 PIN# 4820-35-6046.001 46659 DATE 9/1/04

OWNER OR CONTRACTOR CHERYL MOTLEY PHONE: Business (704) 902-9678 Home (704) 873-0580

ADDRESS 501 PHOENIX ST. STATESVILLE 28677

LOCATION 115 N TR DOBSON FARM RD TL GLORY BOUND LN ON LEFT @ END OF HAY FIELD TURN BESIDE FENCE

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 4.62 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 5/30/05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

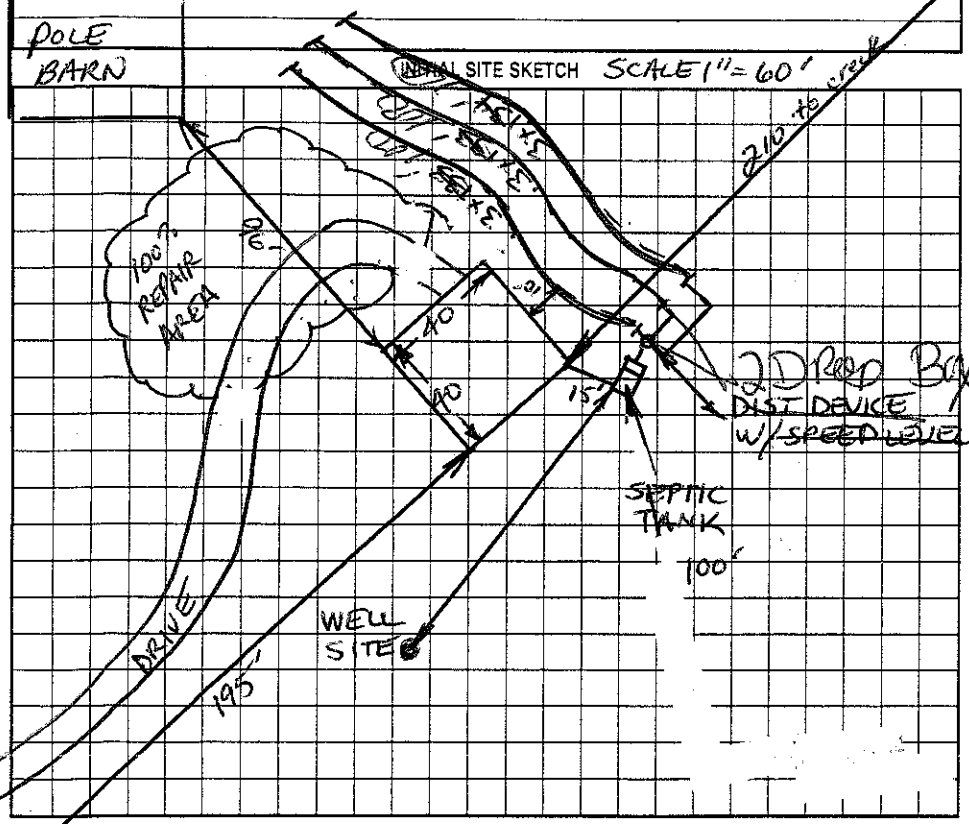
☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: ~~CONVENTIONAL GRAVITY~~
Repair System Description: PUMP CONVENTIONAL
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: ① INSTALL LINES 24" ON CONTOUR
② MAINTAIN ALL SETBACKS

INITIAL SITE SKETCH SCALE 1" = 60'



Comments/Conditions:
25% 1,824 W
yellow Luff-Like Letter

AS BUILT SKETCH
Septic tank Marker installed

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 Cheryl Motley date 9-9-04 Installed by: A-1 Backhoe

Improvement Permit by: Christopher M Shuler, RS date 9-1-04 Operation Permit by: Kelly Cox date 5-1-06

Authorization to Construct by: Christopher M Shuler, RS date 9-1-04 Existing System Inspection by: _____ date _____

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