# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 088029 PIN# 4822 38 6429 (PT) DATE 3-10-00

OWNER OR CONTRACTOR JAMES McMAHAN PHONE: Business 871-1998 Home 876-4375

ADDRESS 221 PERSIMMON CIRCLE, STATESVILLE, NC 28625

LOCATION NC 115 North, TR RUPARD ROAD, 0.3 MILE ON RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 8.5 ACRES SITE CLASS RS DESIGN FLOW 360 L.T.A.R. 0.40 GPD/FT²

Septic Tank: 1000 Gallons; STB 1007 Date 3-28-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth 12"

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

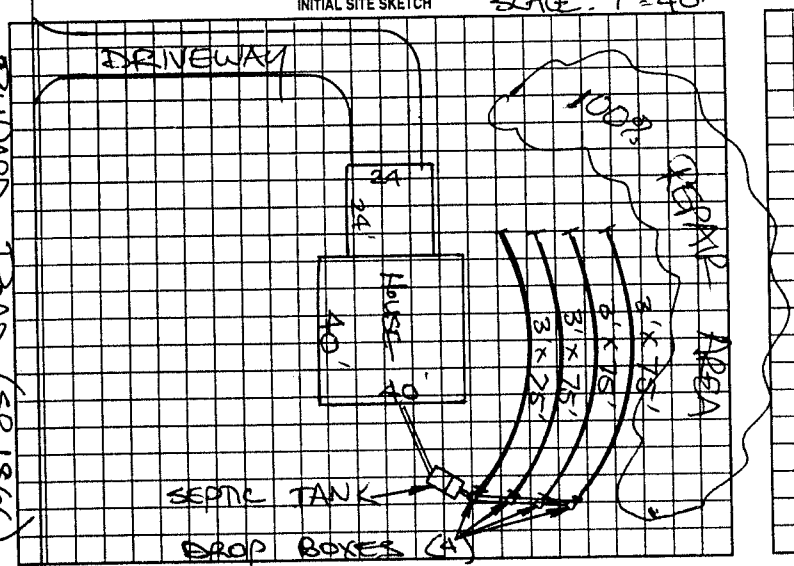
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2.5
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

Comments/Conditions: INSTALL LINES ON CONTOUR, NO DEEPER THAN 32 INCHES ② KEEP SYSTEM MINIMUM 100 FEET FROM WELL

Comments/Conditions: SEPTIC TANK W/ MARKER INSTALLED USING "ZABEL" FILTER

INITIAL SITE SKETCH SCALE: 1"=40'




AS BUILT SKETCH

SYSTEM INSTALLED 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: Jeff McMahan date 3-10-00 Installed by: SCOTT GREENE

Improvement Permit by: STEVE HEDRICK date 3-10-00 Operation Permit by: STEVE HEDRICK date 5-17-00

Authorization to Construct by: STEVE HEDRICK date 3-10-00 Existing System Inspection by: _____ date _____

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