IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 08134 PIN# 4822 40 1627 (PT) DATE

OWNER OR CONTRACTOR JEREMY KING PHONE: Business 664-1300 Home 592-5495

ADDRESS 164 AYDOCK ROAD STATESVILLE, NC 28625

LOCATION NC 115 N, TR ELLA KAY LANE (JUST PAST JORDAN'S TEXACO), AT END IN WOODS

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons: STB 620 Date 5-25-99

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 30" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: 50% REDUCTION

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

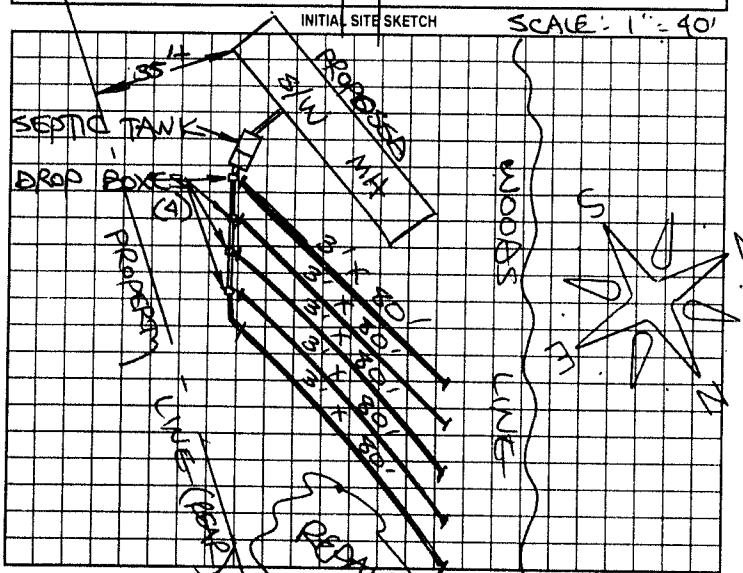
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

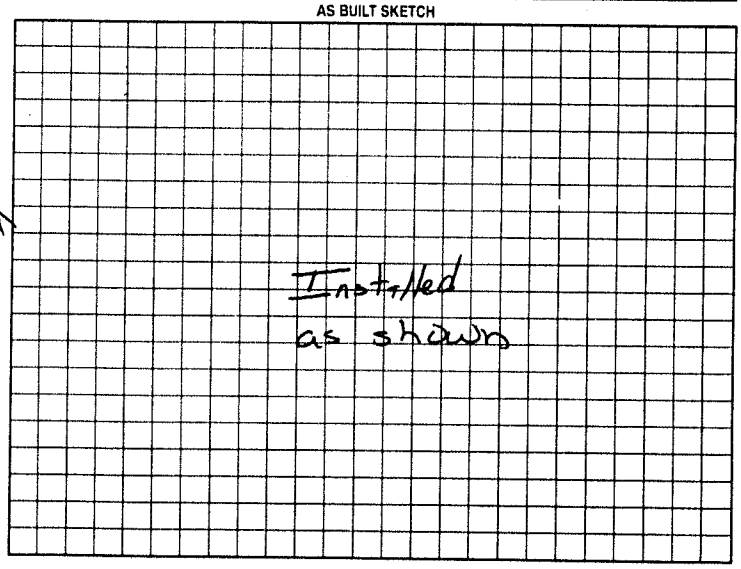
Comments/Conditions: DRIVEWAY TO ELLA KAY LANE

Comments/Conditions

INITIAL SITE SKETCH SCALE: 1" = 40'



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: + Jeremy King date 6-3-99

Improvement Permit by: STEVE HEDRICK date 6-3-99

Authorization to Construct by: STEVE HEDRICK date 6-3-99

Installed by: Tommy Nixon

Operation Permit by: M+C Offs 125 date 7-8-99

Existing System Inspection by: _____ date _____

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