IREDELL COUNTY HEALTH DEPARTMENT

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

(CV) **IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION**

PERMIT# 107202 PIN# ~~4823-19-5825.16~~ 4823-21-0831 DATE 7/26/02

OWNER OR CONTRACTOR RURAL AFFORDABLE HOUSE PHONE: Business 924-8942 Home

ADDRESS 1321 C DIXIE DR. STATESVILLE NC 28677

LOCATION 115(N) - TR WESTGLOW - TR KAMMERER

SUBDIVISION WESTGLOW BLOCK / SECTION LOT 16 LOT AREA .59AC SITE CLASS. RS DESIGN FLOW 360GPD L.T.A.R. .3600/FT²

Septic Tank: 1000 Gallons; STB 160 Date 7-28-03
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

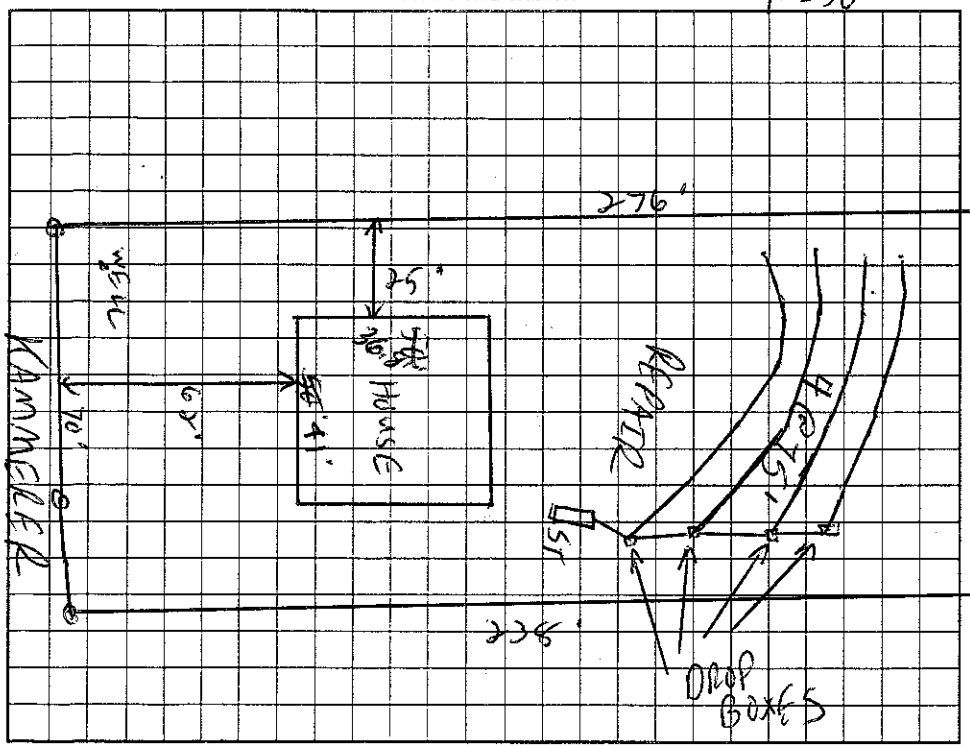
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

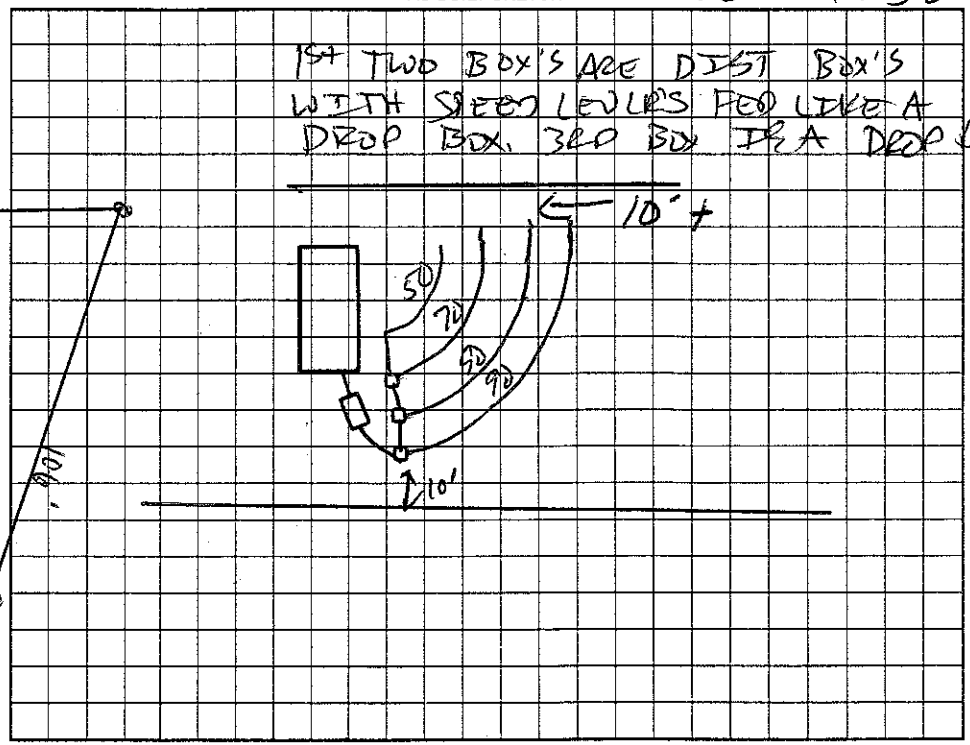
Comments:/Conditions:

Comments:/Conditions: ZABEL FILTER & MARKER.

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH 70 90 70 50



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 9-3-03 Installed by: DAVID UMBARGER

Improvement Permit by: RS date 7/26/02 Operation Permit by: RS date 9-3-03

Authorization to Construct by: STEVE HENDRICK date 9-4-02 Existing ~~System~~ Inspection by: date

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