1.30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 132713 PIN# 4724446~~4826~~1047 DATE 1-12-06

OWNER OR CONTRACTOR KATHLEEN LAWHEAD PHONE: Business _____ Home 704-273-4012

ADDRESS 2530 HERITAGE CIRCLE Statesville, NC 28625

LOCATION 115 N (D) ZEB (G) AT LOT #11 Where pavement turns to dirt

SUBDIVISION ~~Lincoln Run~~ BLOCK / SECTION _____ LOT 11 LOT AREA 8.56 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .13

Septic Tank: 1000 Gallons; STB 1012 Date 4-29-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 534'
No Lines 3 SPLIT Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: LOW BOY
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☒ No

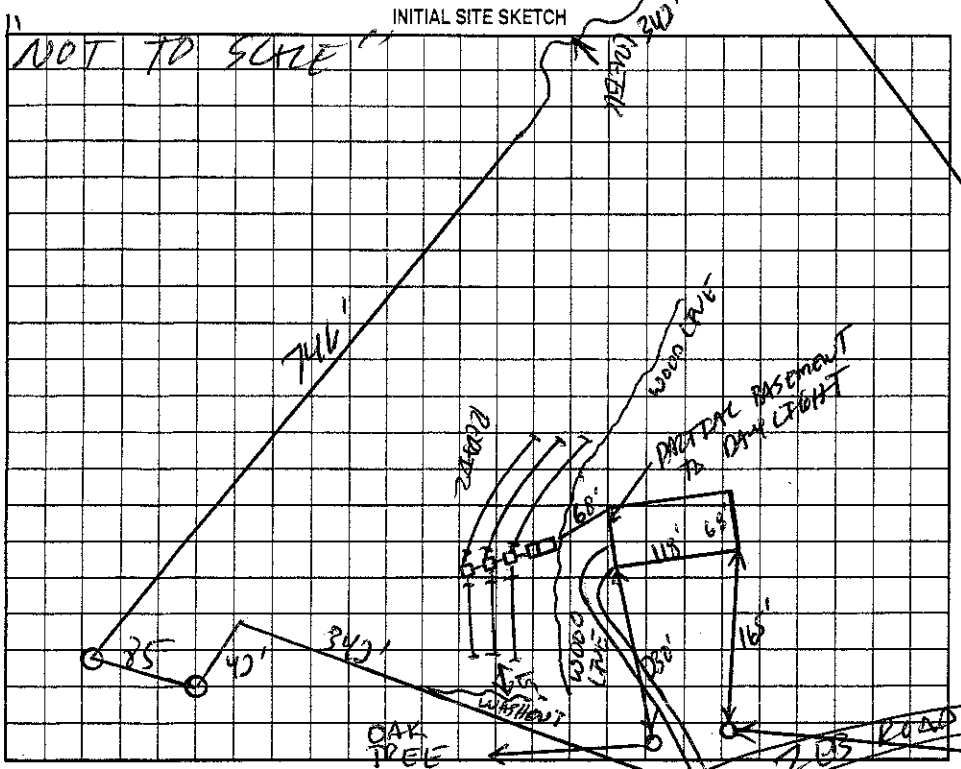
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

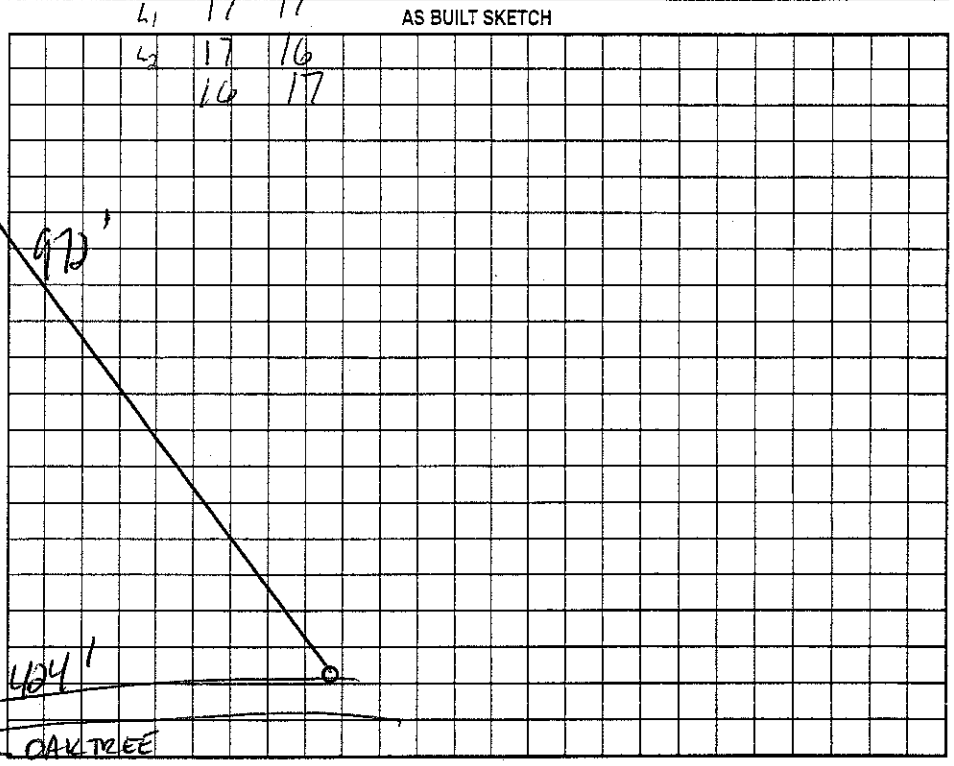
Comments:/Conditions: (1) INSTALL 3 LINES x 178' LOW BOY ON CONTOUR (2) MAINTAIN 15' OFF WASHOUT (3) GRADE BASEMENT SO FALL WILL BE MAINTAINED TO SEPTIC TANK & DRAINFIELD AS DRAWN.

Comments:/Conditions: (4) MAINTAIN SETBACKS (5) KEEP WELL 100' FROM SEPTIC & RESERVE AREA'S

INITIAL SITE SKETCH



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 _____ Installed by: David Yountz

Improvement Permit by: _____ date 1-12-06 Operation Permit by: _____ date 12-12-06

Authorization to Construct by: _____ date 1-12-06 Existing System Inspection by: _____ date _____

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