IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 103289 PIN# 4830-85-2973 DATE 11-21-01

OWNER OR CONTRACTOR CHARLES & MARY ENGLEBERT PHONE: Business _____ Home _____

ADDRESS 867 FRIENDSHIP ROAD, STATESVILLE, NC 28625

LOCATION US 21 N, TL JENNINGS ROAD, TL FRIENDSHIP ROAD, LOT ON LEFT PAST CENTERGROVE ROAD

SUBDIVISION _____ BLOCK / SECTION _____ LOT 1 LOT AREA 4 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.40 GPD/FT2

Septic Tank: 1000 Gallons: STB 1012 Date 10-1-01
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 36" 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

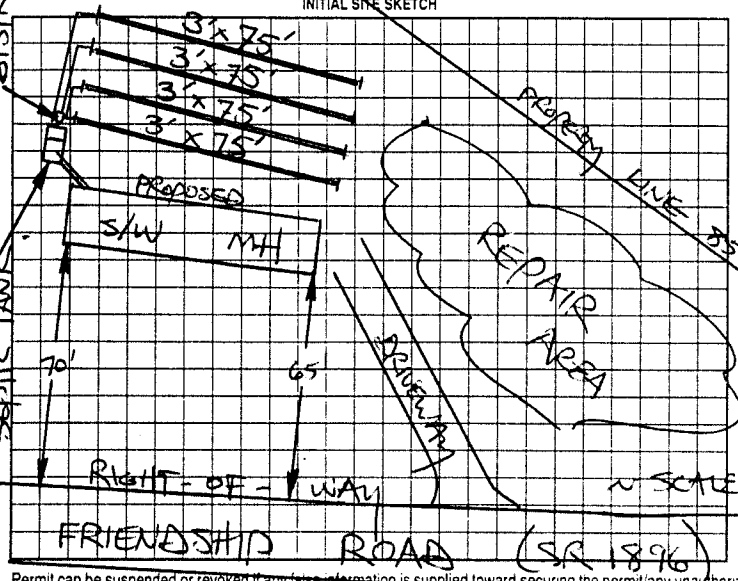
☐ House/Mod Home No. Bedrooms 2-3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply:
☐ Individual
☑ Public
☐ Community

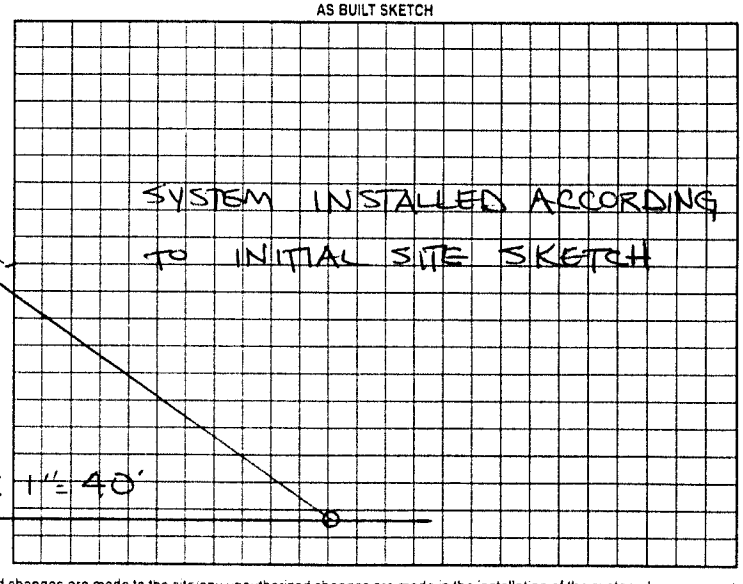
Comments/Conditions:

Comments /Conditions SEPTIC TANK WITH MARKER INSTALLED USING "POLYLOK" FILTER

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: Charles C. Englebert date 11-21-01 Installed by: A-1 BACKHOE

Improvement Permit by: STEVE HEDRICK date 11-21-01 Operation Permit by: STEVE HEDRICK date 12-03-01

Authorization to Construct by: STEVE HEDRICK date 11-21-01 Existing System Inspection by: _____ date _____

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