IREDELL COUNTY HEALTH DEPARTMENT #101405

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

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

PERMIT# 091442 PIN# 4831 15 4237 (PT) DATE 8-21-00

OWNER OR CONTRACTOR JOHN LOYD PHONE: Business Home 592-5080

ADDRESS 1404 FRIENDSHIP RD, STATESVILLE, NC 28625

LOCATION US 21 N, TL JENNINGS RD, TL FRIENDSHIP RD, 5.2 MILES ON RIGHT AT #1404

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

Septic Tank: EXISTING Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 300 Linear Feet 100

No Lines ONE 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

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees

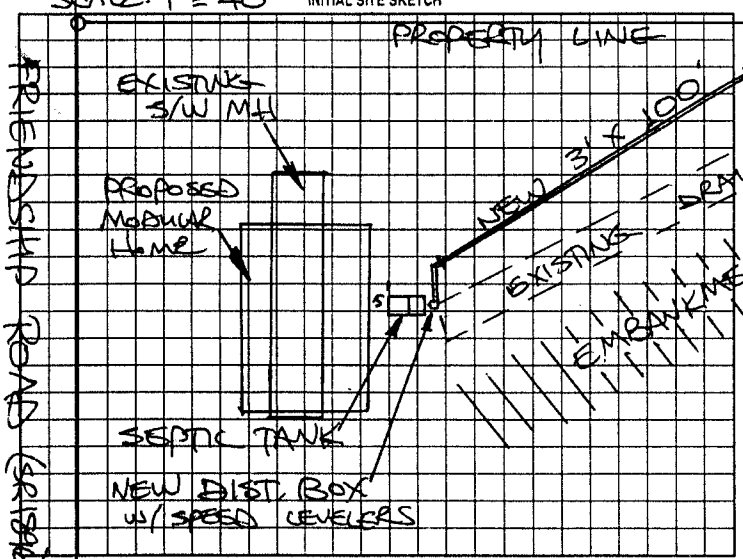
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

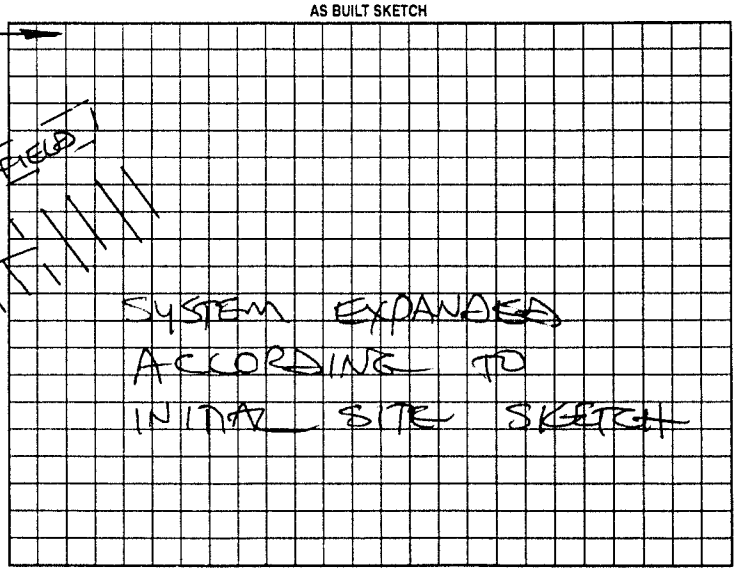
Comments/Conditions: INSTALL NEW DISTRIBUTION BOX AS SHALLOW AS POSSIBLE, FEEDING NEW 3' x 100' LINE FIRST

Comments /Conditions:

SCALE: 1" = 40' 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: [signature] date 8-21-00 Installed by: ANDY DANIELS

Improvement Permit by: STEVE HEDRICK date 8-21-00 Operation Permit by: STEVE HEDRICK date 8-30-00

Authorization to Construct by: STEVE HEDRICK date 8-21-00 Existing System Inspection by: date

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