IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 093945 PIN# 4342 90 1307 DATE 2/5/01

OWNER OR CONTRACTOR JOHN P JONES PHONE: Business _____ Home (704) 876-6894

ADDRESS 906 FRIENDSHIP RD. STATESVILLE, NC 28625

LOCATION JENNINGS RD. (R) ON HUIE RD TO PROPERTY ON (L) 0.8 MILE

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 3.43 AC. SITE CLASS PS DESIGN FLOW 360 GPD L.T.A.R. .30

Septic Tank: 1000 Gallons: STB 1012 Date 1-28-01

Pump Tank: _____ Gallons, PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'

No Lines 3 Trench Width 3' Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: CONVENTIONAL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

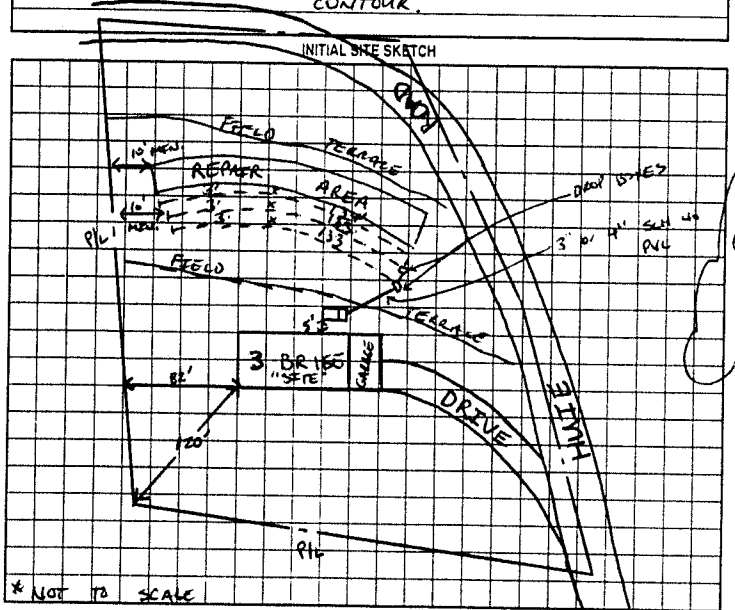
☐ Other _____

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

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: (1) NO CUTTING OR FILLING OVER DRAINFIELD AREAS (2) KEEP ALL DRAINS AWAY FROM DRAINFIELD AREAS (3) INSTALL DRAINLINES ON CONTOUR.

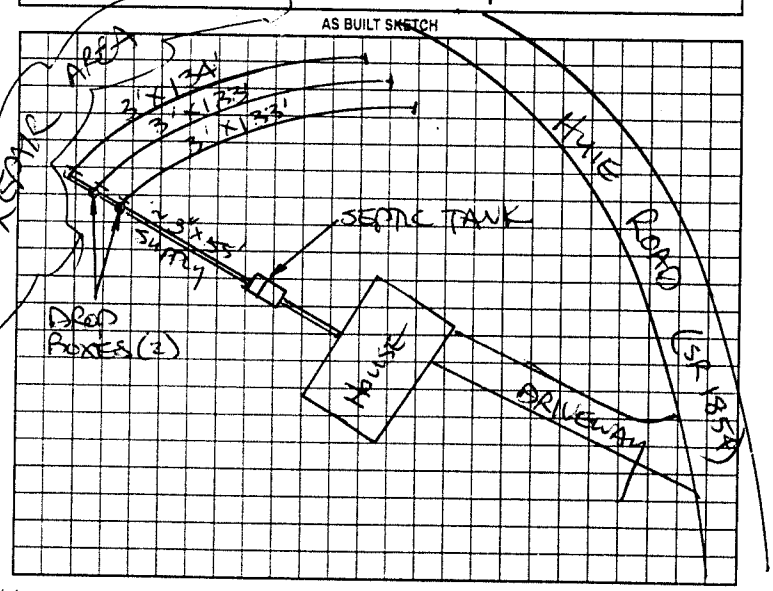
INITIAL SITE SKETCH



* NOT TO SCALE

Comments/Conditions: (1) SYSTEM ALTERED AS SHOWN BELOW WITHOUT PRIOR HEALTH DEPT. APPROVAL (2) SEPTIC TANK WITH MARKER INSTALLED USING "POLY LOK" FILTER

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: Teresa J Jones date 2/23/01

Improvement Permit by: Tracy Shinn date 2/5/01

Authorization to Construct by: Tracy Shinn date 2/5/01

Installed by: SHANE JARRETT

Operation Permit by: STEVE HENDRICK date 11-20-01

Existing System Inspection by: _____ date _____

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