# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 089833 PIN# 4860 39 8531 (PT) DATE 1-02-01

OWNER OR CONTRACTOR WENDY EVANS STARBUCK PHONE: Business c/o 532-6625 Home 876-0902

ADDRESS P.O. BOX 241, STATESVILLE, NC 28687

LOCATION US 21 N, TL ~~SHARON HARRIS~~ ROAD, TL CANFIELD ROAD, 7TH LOT ON RIGHT

SUBDIVISION HEATHSTEAD BLOCK / SECTION ~~HARBOR~~ LOT 7 LOT AREA 1.47 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT2

Septic Tank: 1000 Gallons: STB 354 Date 1-27-01
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet EAT 1200 Linear Feet 300'
No Lines FOUR 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: 25% REDUCTION GRAVITY
Repair System Description: 50% REDUCTION, PUMP
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

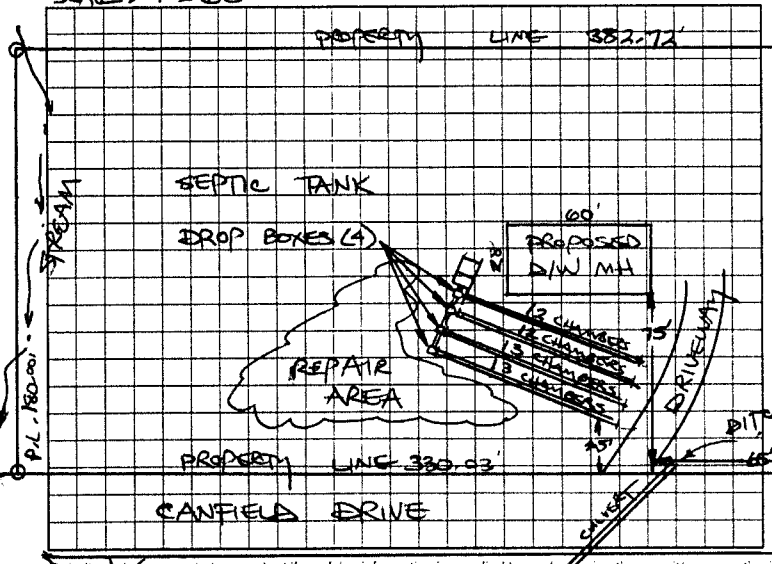
Water Supply: ☑ Individual ☑ Public ☐ Community

Comments/Conditions: ① KEEP SYSTEM MINIMUM 10 FEET FROM WATER LINE, 15 FEET FROM TOP OF EMBANKMENT ② INSTALL 25% REDUCTION SYSTEM USING 50 CHAMBERS OR THEIR HDS SECTIONS AS SHOWN

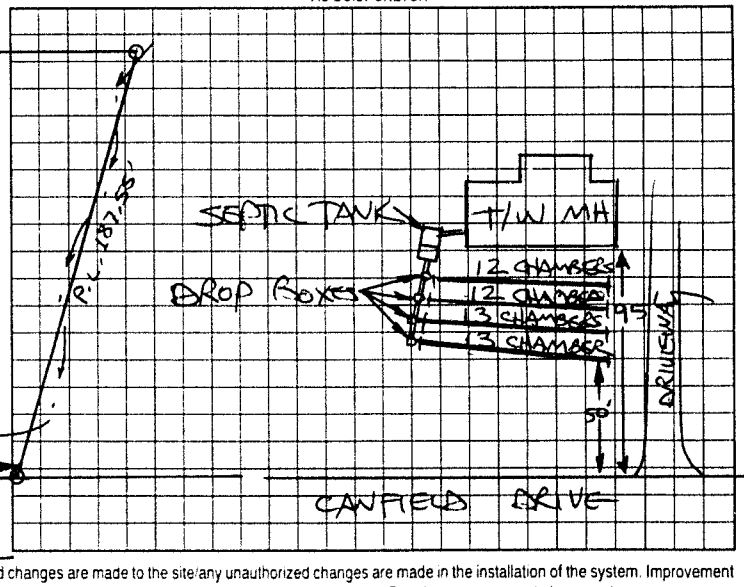
Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "POLYLOK" FILTER

SCALE: 1"=60'

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 1-02-01 Installed by: G & M ENT.

Improvement Permit by: STEVE HEDRICK date 1-02-01 Operation Permit by: STEVE HEDRICK date 4-5-01

Authorization to Construct by: STEVE HEDRICK date 1-02-01 Existing System Inspection by: _____ date _____

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

PRESSURE