IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 086380 PIN# 4860 39 8531 (PART) DATE 12-1-99

OWNER OR CONTRACTOR JAMES McDOWELL PHONE: Business Home 876-4450

ADDRESS 2635 S. CHIPLEY FORD ROAD, STATESVILLE, NC 28625

LOCATION US 21 NORTH, TL TABOR ROAD, TL CANFIELD DRIVE, 4TH LOT ON LEFT

SUBDIVISION HEATHSTEAD BLOCK / SECTION ____ LOT 35 LOT AREA 1.38 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 9-14-99
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
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

☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

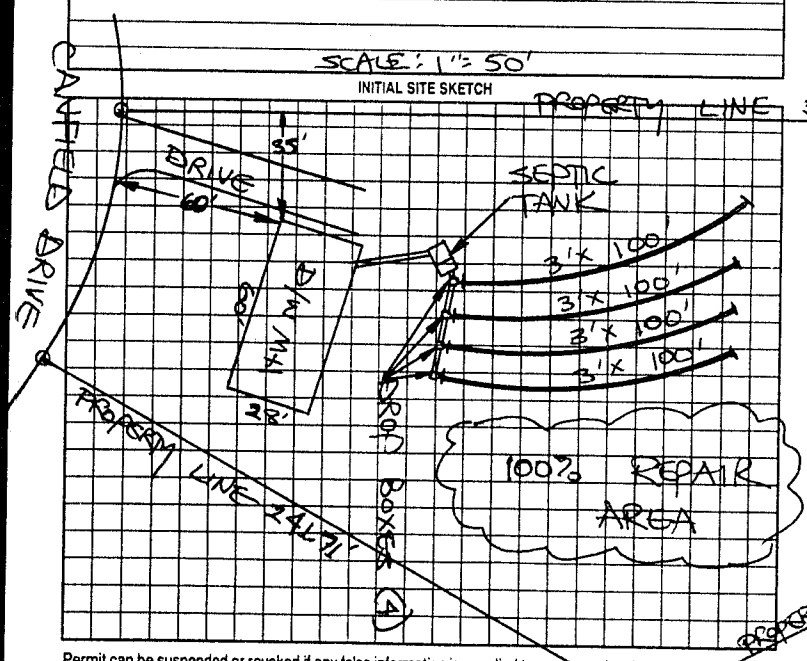
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions:

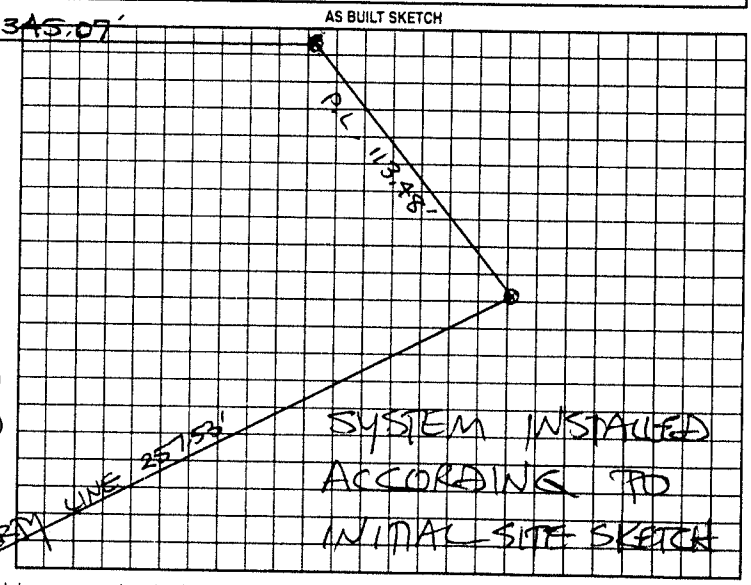
SCALE: 1" = 50'

INITIAL SITE SKETCH



Comments/Conditions: SEPTIC TANK WITH RISERS INSTALLED USING "POLYLOK" 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: X Rick Bowden date 12-1-99

Improvement Permit by: STEVE HEDRICK date 12-1-99

Authorization to Construct by: STEVE HEDRICK date 12-1-99

Installed by: KENNY MADISON

Operation Permit by: STEVE HEDRICK date 12-8-99

Existing System Inspection by: ____ date ____

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