IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 91647 PIN# 4730 02 3490 DATE 9-6-00

OWNER OR CONTRACTOR Cynthia Reaves PHONE: Business Home 924 8851

ADDRESS 1233 Rolling LN Statesville, N.C.

LOCATION 21N 76 Tabor RD TR Forney Rd, 1st lot Rt

SUBDIVISION Hazelwood BLOCK / SECTION LOT 4 LOT AREA 1.69 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 700 Date 7-11-00
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400 360
No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: Conv. Gravity
Repair System Description: Gravity 25% Red.
Maintenance Agreement Required: ☐ Yes ☐ No

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

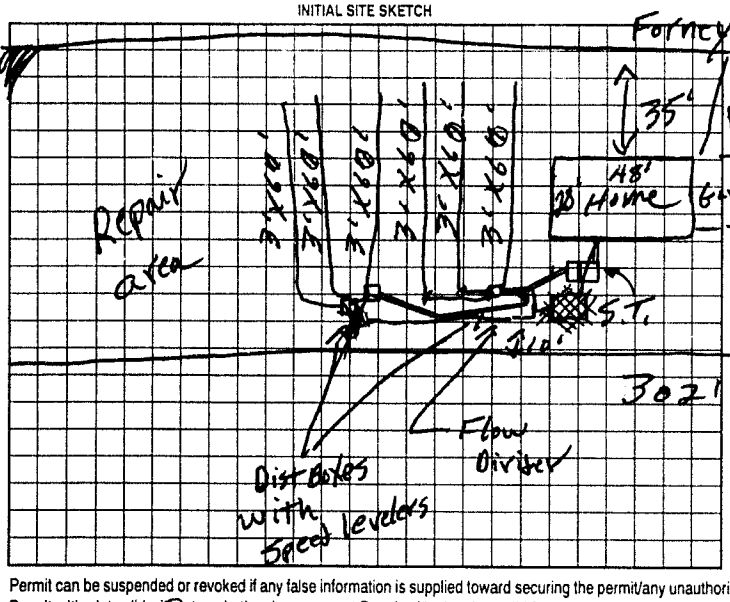
Water Supply: ☐ Individual ☑ Public ☐ Community

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

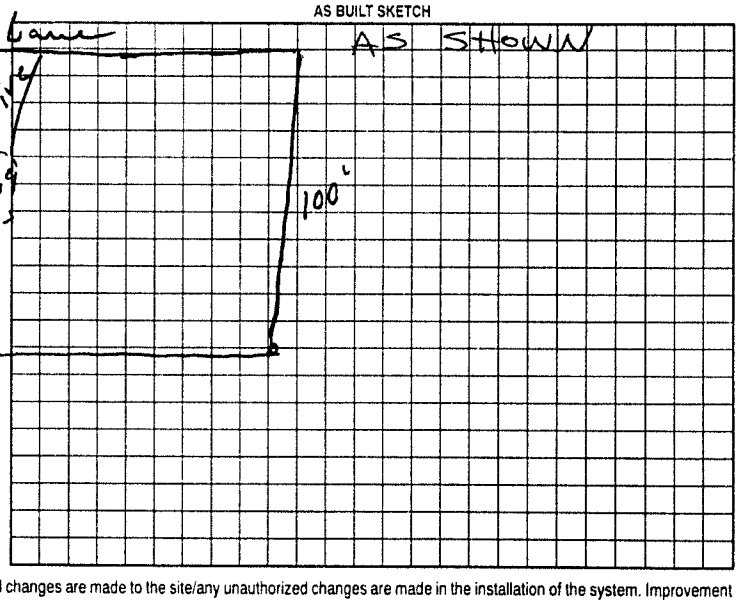
Comments:/Conditions:

14" Comments:/Conditions: ① LINES SHORTENED TO 60'± WITH 14" STONE DUE TO INSUFFICIENT SPACE FOR 67'. ② SEPTIC TANK WITH MARKER INSTALLED USING "ZABEL" 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: X Cynthia M. Reaves date Installed by: RANDY MILLER

Improvement Permit by: R. C. Moore date 9-6-00 Operation Permit by: STEVE HENDRICK date 9-19-00

Authorization to Construct by: R. C. Moore date 9-6-00 Existing System Inspection by: date

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