IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 093658 PIN# 4860 74 2322 DATE 1-10-01

OWNER OR CONTRACTOR JAMES DANIELS PHONE: Business Home (704) 634 5531

ADDRESS 13945 STATESVILLE BLVD, CLEVELAND, NC 27013

LOCATION US21N, TL TABOR ROAD, TR FORNEY ROAD, 3RD LOT ON RIGHT

SUBDIVISION FORNEY ACRES BLOCK / SECTION LOT 26 LOT AREA 0.79 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 825 Date 1-3-01
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines SIX 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: CONVENTIONAL Pump
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

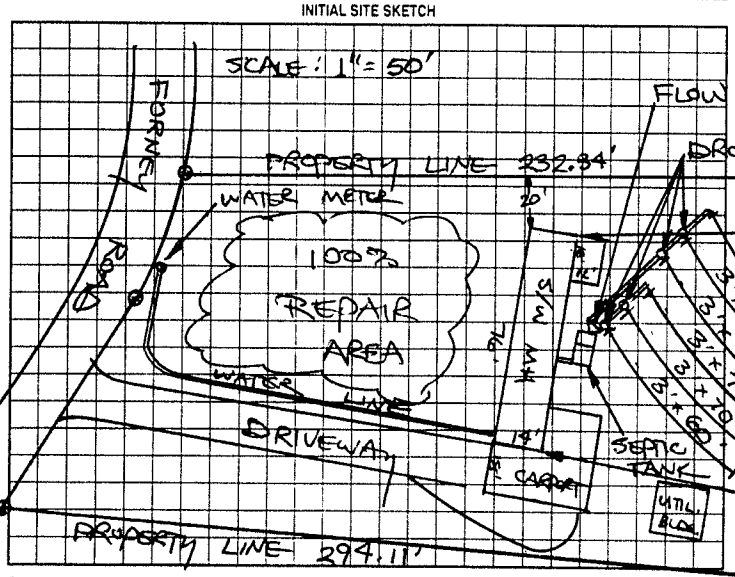
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

Water Supply: ☐ Individual ☑ Public ☐ Community

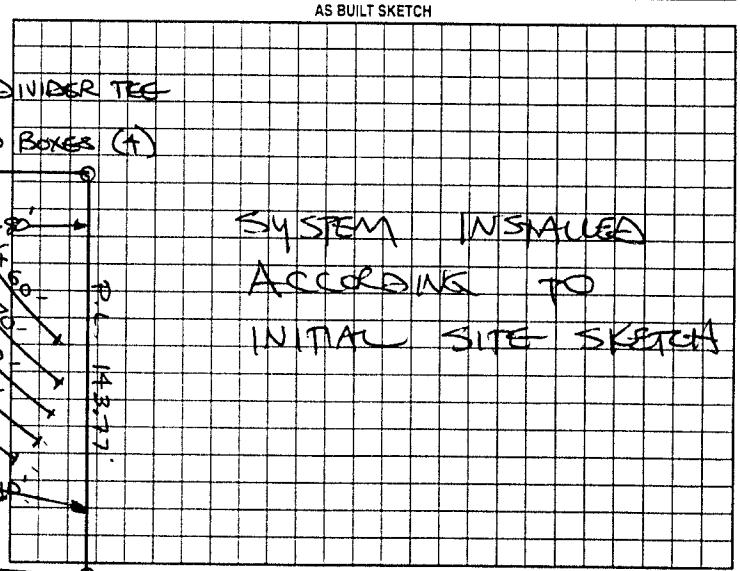
Comments/Conditions: CONTACT HEALTH DEPARTMENT AFTER CLEARING AND PRIOR TO INSTALLATION TO FLAG OUT SYSTEM

Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "POLY LOK" 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: James D Daniels date 1-10-01 Installed by: UPRIGHT GRADING

Improvement Permit by: STEVE HEARICK date 1-10-01 Operation Permit by: STEVE HEARICK date 2-6-01

Authorization to Construct by: STEVE HEARICK date 1-10-01 Existing System Inspection by: date

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