IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C) (D) MOORESVILLE 704-664-5281

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

PERMIT# 10531 PIN# 4860-65-6260 DATE 3-21-02

OWNER OR CONTRACTOR HAROLD ENGLISH PHONE: Business 704-871-1159 Home

ADDRESS 802 CREST RIDGE RD STATESVILLE, NC 28677

LOCATION US 21 N TL TABOR ROAD, TR FORNEY DRIVE, 1ST LOT ON RIGHT PAST SIBARIN LANE

SUBDIVISION FORNEY ACRES BLOCK / SECTION ____ LOT 24 LOT AREA 100' x 227' SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons: STB 794 Date 10-6-01
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: 25% REDUCTION, GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

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

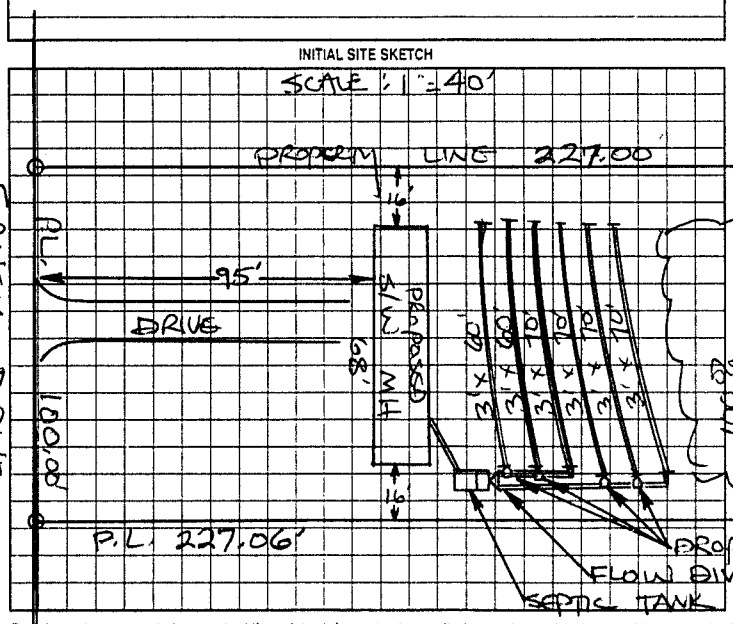
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

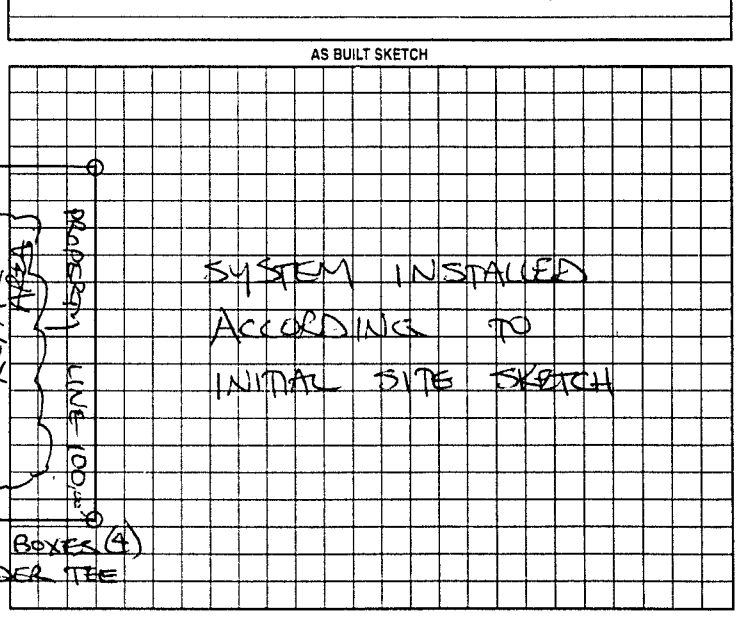
Comments/Conditions:

Comments/Conditions: 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 Harold Lynn English date 3-21-02 Installed by: TUCKERS HAULING & GRADING

Improvement Permit by: STEVE HEDRICK date 3-21-02 Operation Permit by: STEVE HEDRICK date 4-29-02

Authorization to Construct by: STEVE HEDRICK date 3-21-02 Existing System Inspection by: ____ date ____

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