IREDELL COUNTY HEALTH DEPARTMENT

CI / CI

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

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

PERMIT# 115287 PIN# 4860-72-4748.00 → 2518 DATE 9-15-03

OWNER OR CONTRACTOR DARRYL L COLEY PHONE: Business 704-450-9792 Home

ADDRESS 264 KNOX FARM RD STATESVILLE, NC 28677

LOCATION 21 N, L TABOR R GATTON ≈150 YARDS ON LEFT

SUBDIVISION — BLOCK / SECTION LOT LOT AREA 10.39 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 1.3

Septic Tank: 1000 Gallons; STB 1061 Date 9-8-03
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 3 x 133' 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 GRAV
Repair System Description: CONV GRAV
Maintenance Agreement Required: ☐ Yes ☒ No

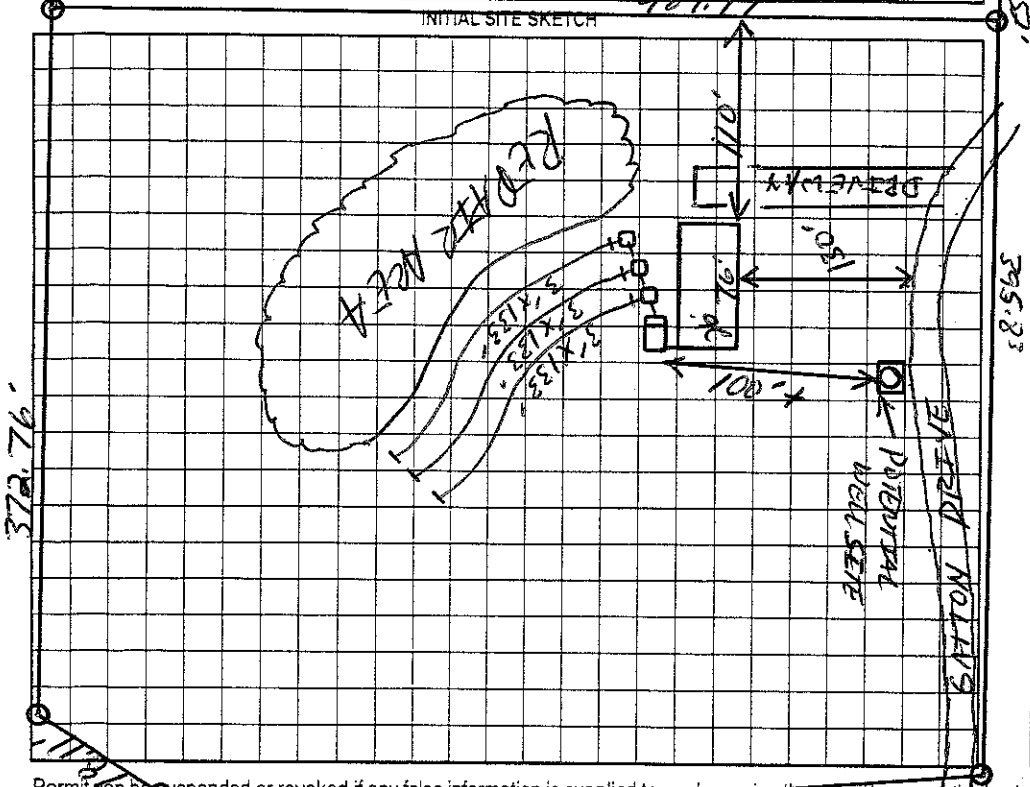
☒ House/Mod Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees

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

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

Comments:/Conditions: (1) HOUSE & DRAINFIELD FLAGGED OUT COMPLETELY (2) INSTALL LINES ON CONTOUR (3) MAINTAIN SETBACKS

INITIAL SITE SKETCH



Comments:/Conditions: TUFF TITE FILTER & MARK OF INSTALLED AS DRAWN

"NOT TO SCALE"

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: Maggie Coley date 9-15-03

Improvement Permit by: [signature] RS date 9-15-03

Authorization to Construct by: [signature] RS date 9-15-03

Installed by: TOMMY COTHRAN

Operation Permit by: [signature] RS date 11-4-03

Existing System Inspection by: date

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