IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 083806 PIN# 4861 46 6236 DATE 11-17-99

OWNER OR CONTRACTOR SUE WILLIAMS PHONE: Business _____ Home 876-3563

ADDRESS 1082 FRIENDSHIP ROAD, STATESVILLE, NC 28625

LOCATION US 21 NORTH, TL TABOR ROAD, TR DUTCHMAN ROAD, 2ND LOT ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.17 ACRES SITE CLASS P3 DESIGN FLOW 240 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 10-17-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270
No Lines THREE Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONVENTIONAL GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

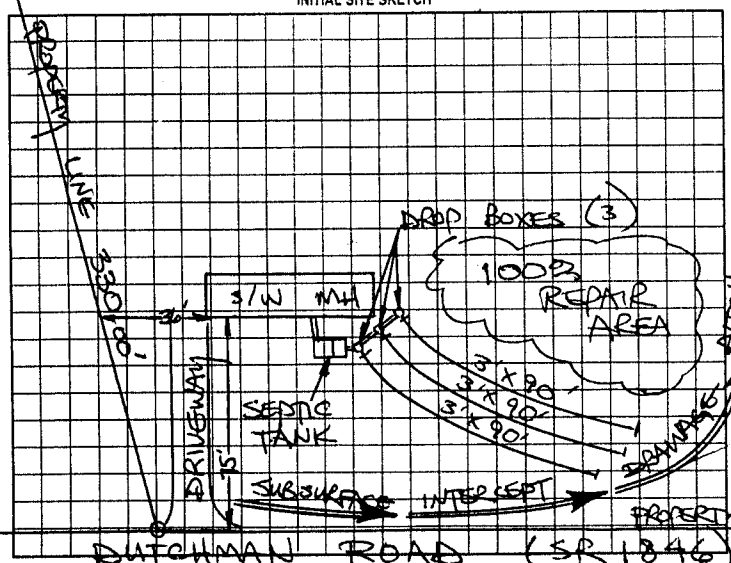
☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 1 No. Employees ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

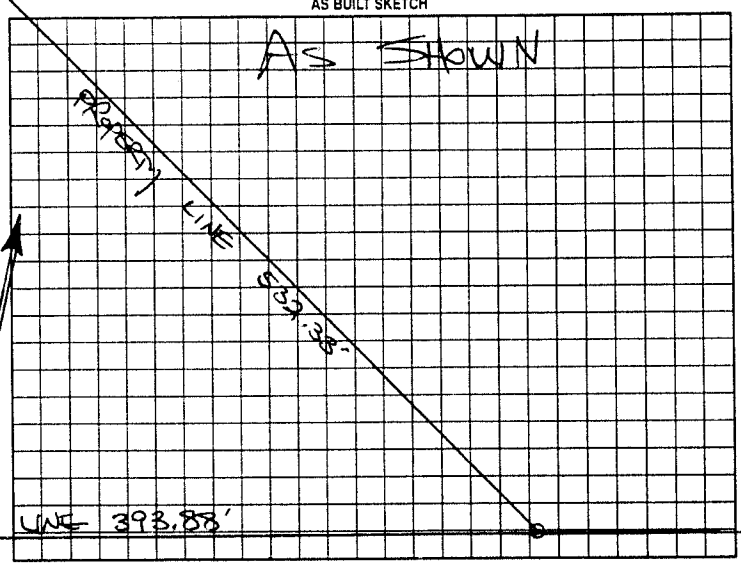
Comments:/Conditions: CONSTRUCT SUBSURFACE INTERCEPT DRAINAGE DITCH ABOVE SYSTEM AS SHOWN (FRENCH DRAIN) BEGINNING 42" DEEP OUT TO DAYLIGHT ② INSTALL LINES ON CONTOUR AS FLAGGED NO DEEPER THAN 30"

Comments:/Conditions: SEPTIC TANK WITH RISERS INSTALLED USING "POLYLOK" 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: [signature] date 11-17-99 Installed by: KENNY MADISON

Improvement Permit by: STEVE HEDRICK date 11-17-99 Operation Permit by: STEVE HEDRICK date 12-2-99

Authorization to Construct by: STEVE HEDRICK date 11-17-99 Existing System Inspection by: _____ date _____

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