IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 088094 PIN# 4862 49 5636 DATE 3-15-00

OWNER OR CONTRACTOR JAMIE SANCHEZ PHONE: Business _____ Home 838-0398

ADDRESS 117 MARTINDALE LANE, STATESVILLE, NC 28625

LOCATION I-77 N, TR NC 901, TL CRATER ROAD, TR CARTWRIGHT ROAD, 6TH LOT ON LEFT PAST CHESHIRE RIDGE DR.

SUBDIVISION CHESHIRE RIDGE BLOCK / SECTION I LOT 11 LOT AREA 1.03 ACRES SITE CLASS IPS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 1-8-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FOUR 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 PUMP
Maintenance Agreement Required: ☐ Yes ☑ No

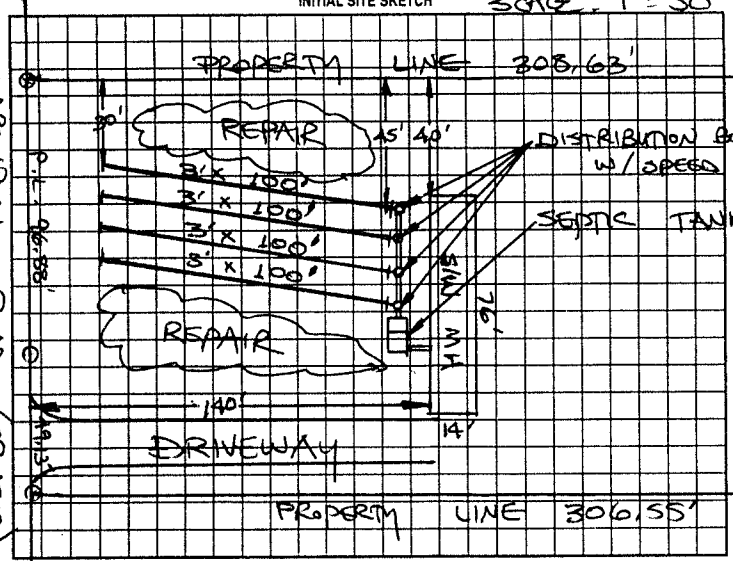
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

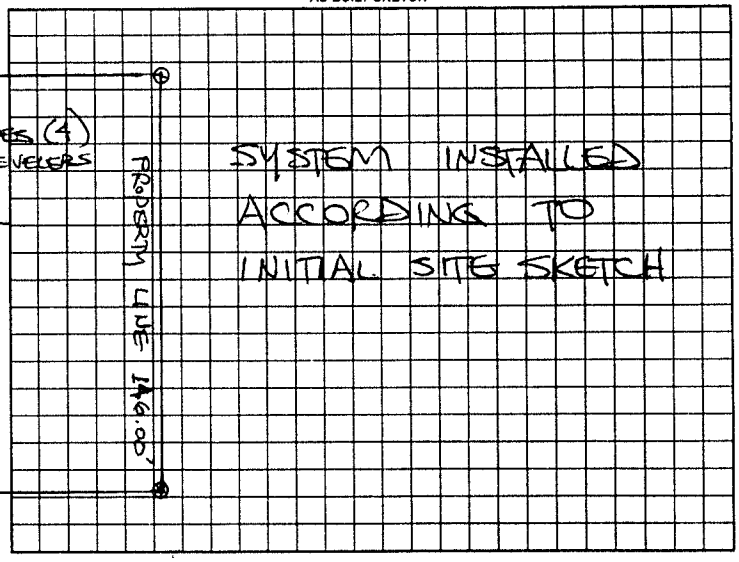
Comments:/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL

Comments:/Conditions: SEPTIC TANK W/RISERS AND MARKER INSTALLED USING "POLYLOK" FILTER

INITIAL SITE SKETCH SCALE: 1" = 50'



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: Larry Dickson date 3-15-00 Installed by: KENNY MADISON

Improvement Permit by: STEVE HEDRICK date 3-15-00 Operation Permit by: STEVE HEDRICK date 4-12-00

Authorization to Construct by: STEVE HEDRICK date 3-15-00 Existing System Inspection by: _____ date _____

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