IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 081235 PIN# 4863 50 0302 DATE 5-27-99

OWNER OR CONTRACTOR RICKY NANCE PHONE: Business Home 876-6197

ADDRESS 122 COUNTRY VIEW ROAD, STATESVILLE, NC 28625

LOCATION I-77 N, TR NC 901, TL EAGLE MILLS, TL TRIVETTE (1ST), TR WHISPERING DR, 2ND LOT ON (L)

SUBDIVISION CHESHIRE RIDGE BLOCK / SECTION II LOT 32 LOT AREA 1.04 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.33 GPD/FT2

Septic Tank: 1000 Gallons; STB 1012 Date 5-25-99
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360
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: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

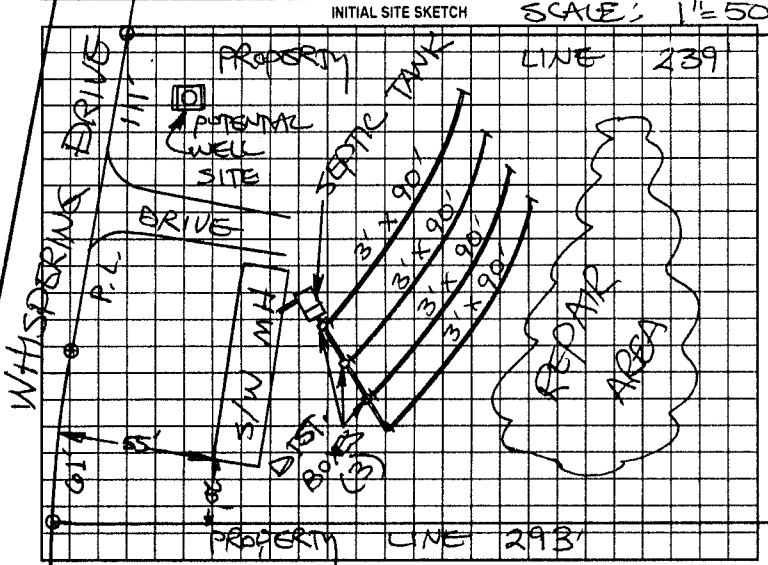
☑ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

Water Supply:
☑ Individual
☐ Public
☐ Community
WELL

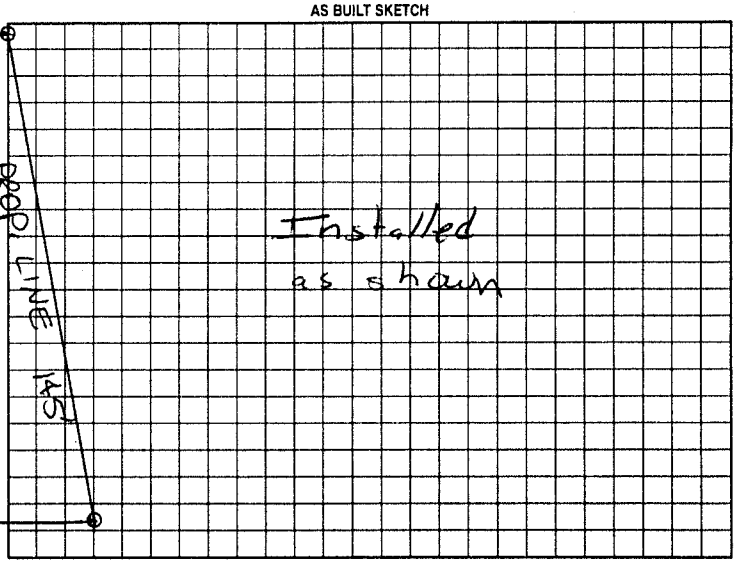
Comments./Conditions: KEEP SYSTEM MAXIMUM FEASIBLE DISTANCE (80') FROM WELL

Comments./Conditions:

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: [signature] date 6-7-99 Installed by: A-1 Backhoe

Improvement Permit by: STEVE HEDRICK date 5-27-99 Operation Permit by: [signature] RS date 6-11-99

Authorization to Construct by: STEVE HEDRICK date 5-27-99 Existing System Inspection by: ____ date ____

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