IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 8080584 PIN# 4863 61 1612 DATE 4-19-99

OWNER OR CONTRACTOR JERRY CAMPBELL PHONE: Business Home 546-5961

ADDRESS 257 SUNFLOWER ROAD STATESVILLE NC 28625

LOCATION I-77N, TR NC901, TL EAGLE MILLS TL NATURE'S WAY, 2ND LOT ON RIGHT

SUBDIVISION OAKSTONE RIDGE BLOCK / SECTION III LOT 2 LOT AREA 1.09 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 3-6-99
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 32" 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
[ ] Slab [✓] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

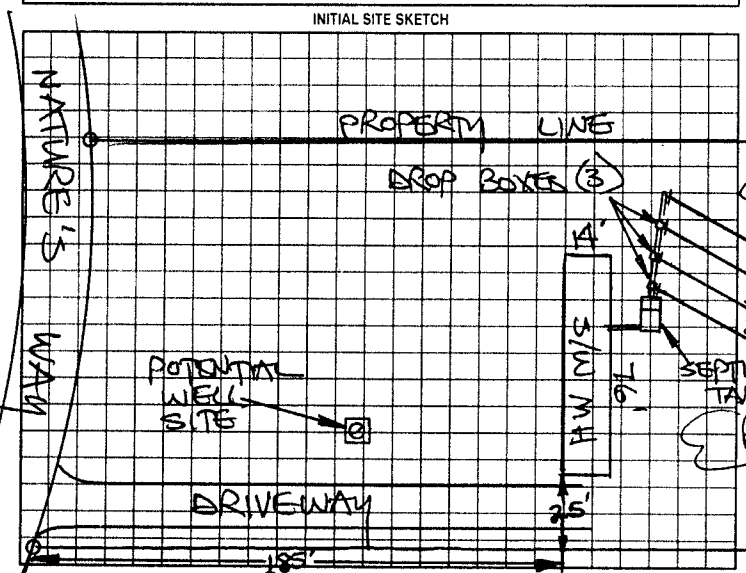
[ ] House/Mod. Home No. Bedrooms 3
[✓] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other ____

Water Supply: [✓] Individual [ ] Public [ ] Community WELL

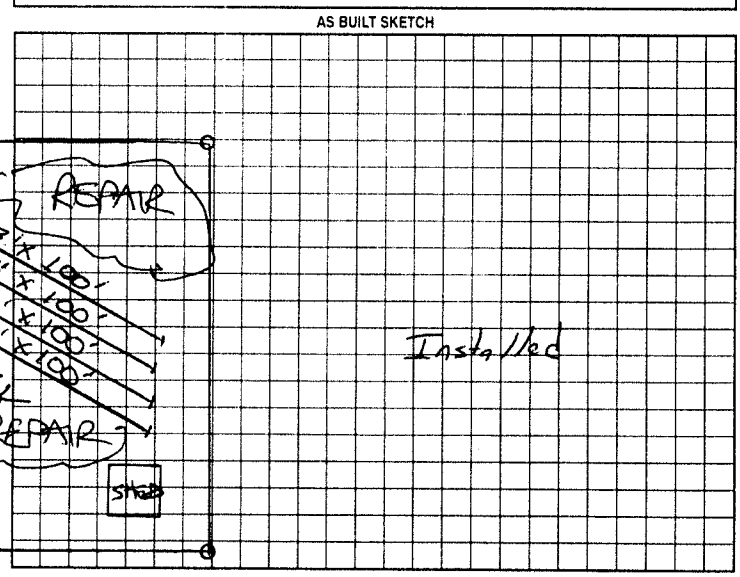
Comments/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL.

Comments/Conditions:

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: Jerry W Campbell date 4-19-99 Installed by: CaW Septic

Improvement Permit by: STEVE HEDRICK date 4-19-99 Operation Permit by: Mary C Outlaw RS date 4-27-99

Authorization to Construct by: STEVE HEDRICK date 4-19-99 Existing System Inspection by: ____ date ____

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