IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 088919 PIN# 4872 28 8238 DATE 5-15-2000

OWNER OR CONTRACTOR CHASTITY IRELAND PHONE: Business _____ Home 876-3415

ADDRESS 104 BETHANY WOODS, STATESVILLE NC 28625

LOCATION US 21 NORTH, TL HOUSTONVILLE RD, TR TROY MILL RD, LOT ON RIGHT 2ND BEFORE DAPE ROAD

SUBDIVISION A.D. PIGMAN BLOCK / SECTION _____ LOT 2 LOT AREA 2.918 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 760 Date JAN-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: CONV. GRAVITY
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

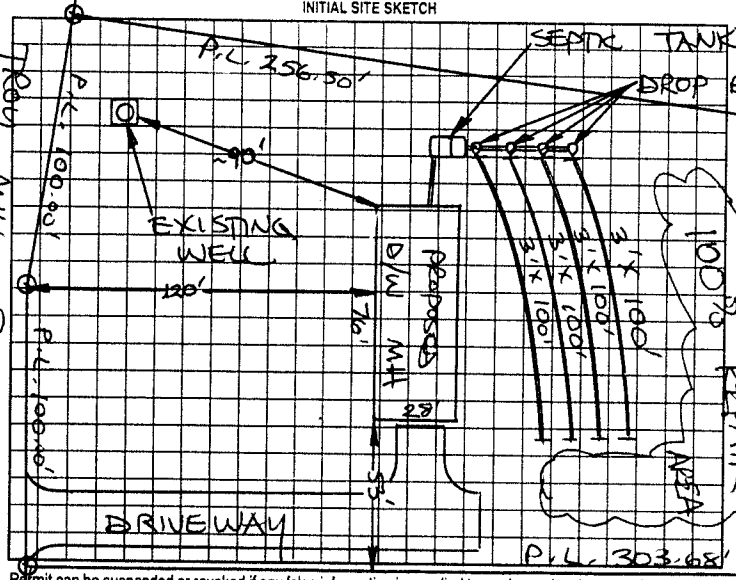
Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

Comments/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL

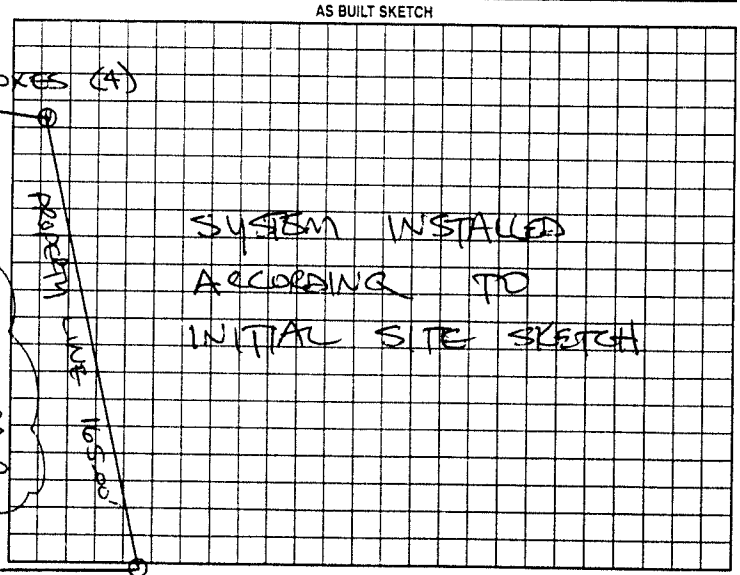
Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "BABCO" FILTER

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: _____ date _____ Installed by: SHERMAN DUNN

Improvement Permit by: STEVE HEARICK date 5-15-2000 Operation Permit by: STEVE HEARICK date 4-6-01

Authorization to Construct by: STEVE HEARICK date 5-15-2000 Existing System Inspection by: _____ date _____

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