VOIDS All PREVIOUS PERMITS

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 06880 PIN# 3774749738 DATE May 26, 99

OWNER OR CONTRACTOR Chris Sealey PHONE: Business 704 871 0148 Home

ADDRESS 296 Mueller Cir Apt 260A Statesville NC

LOCATION I40 W (R) Sharon School Rd (L) Stewart Rock (L) Fallbright (R) Cardinal Pt on Right 1st Right

SUBDIVISION Riverwalk BLOCK / SECTION 5 LOT 56 LOT AREA 9449 SITE CLASS. P3 DESIGN FLOW 360 L.T.A.R. 3

Septic Tank: 1000 Gallons; STB 786 Date 9 29 99
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 18" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Conv Gravity
Repair System Description: 25% Reduction May Require Pump
Maintenance Agreement Required: ☐ Yes ☐ No

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

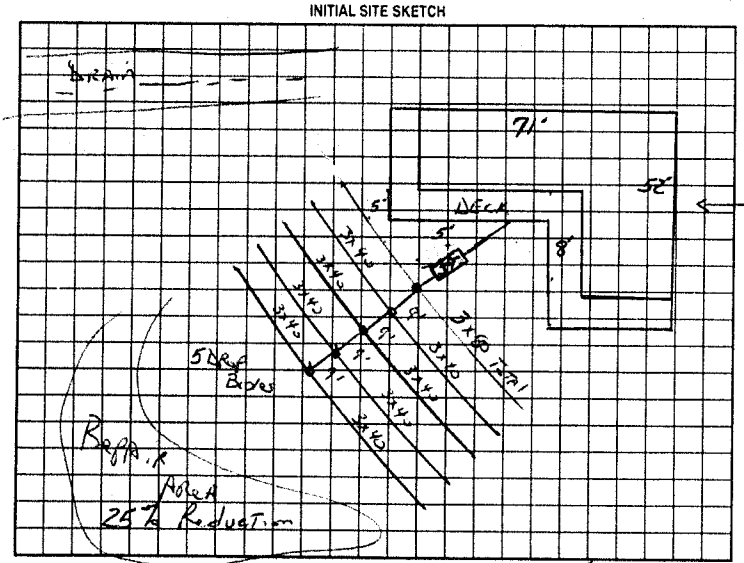
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community
WELL

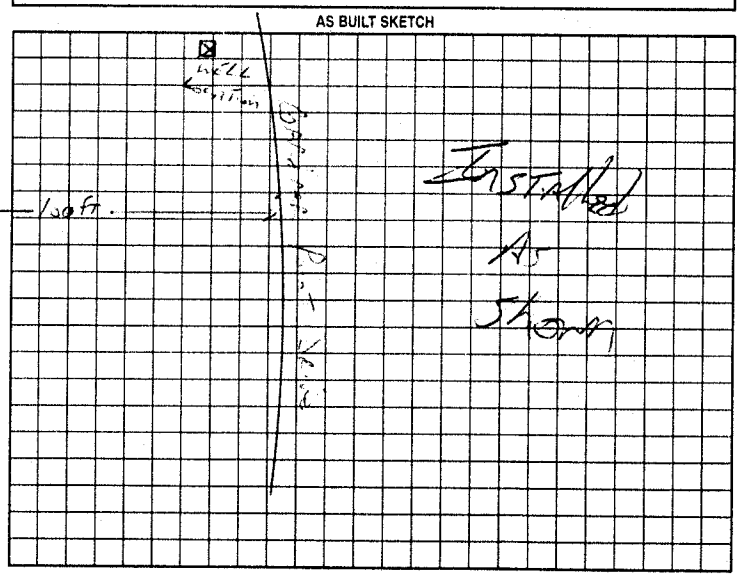
Comments/Conditions: INSTALL Lines on Contour
Keep well 100ft from system

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: Chris A Sealey date ____ Installed by: G+M

Improvement Permit by: Jc Potter date May 26 99 Operation Permit by: Jc Potter date Jul 22 99

Authorization to Construct by: Jc Potter date May 26 99 Existing System Inspection by: ____ date ____

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