IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 — MOORESVILLE 704-664-5281 (Repair)

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

PERMIT# _____ PIN# _____ DATE Oct 15 99

OWNER OR CONTRACTOR Neil Wooten PHONE: Business _____ Home 873 3581

ADDRESS 190 Sharon School Rd Statesville, NC

LOCATION _____

SUBDIVISION _____ Master Boy BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 750 gallon Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields Existing Square Feet _____ Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth 40" Gravel Depth 30"

☐ New System ☑ Repair System Type: I, II, III, IV, V, VI

System Description: _____

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

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

☑ House/Mod. Home No. Bedrooms _____

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other _____

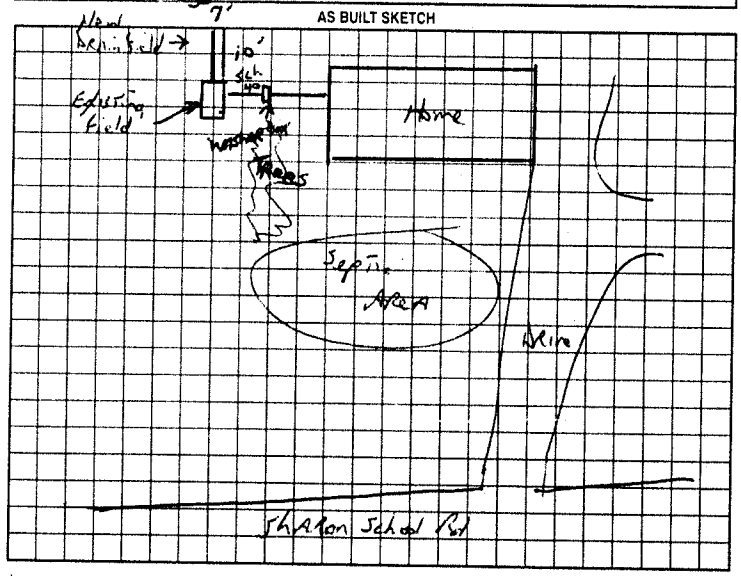
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions:

Comments/Conditions: ① Replace old pipe w/ sch 40 to ~~drain~~ field ② LAy 4" drain pipe in middle of New GRAVEL DRAIN ③ Remove Any ~~sludge~~ blocking old drain field The Length of New field Sludge 7'

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: _____ date _____

Improvement Permit by: J.C. Potter date Oct 15 99

Authorization to Construct by: J.C. Potter date Oct 15, 99

Installed by: Eskew Elder

Operation Permit by: _____ date _____

Existing System Inspection by: J.C. Potter date 10-19 99

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