1:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# _____

OWNER OR CONTRACTOR June Ingram PHONE: Business 528 6321 Sigmon Home _____ DATE 11-18-98

ADDRESS 200 Eufola Rd Sta N.C. Environmental

LOCATION 70 W Th Eufola 1/2 mi Rt

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA acreage SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 160 Date 11-19-98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 690 Linear Feet 230

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: _____

Repair System Description: Conv. Gravity

Maintenance Agreement Required: ☐ Yes ☑ No

☑ ~~House~~/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees _____

☐ Other _____

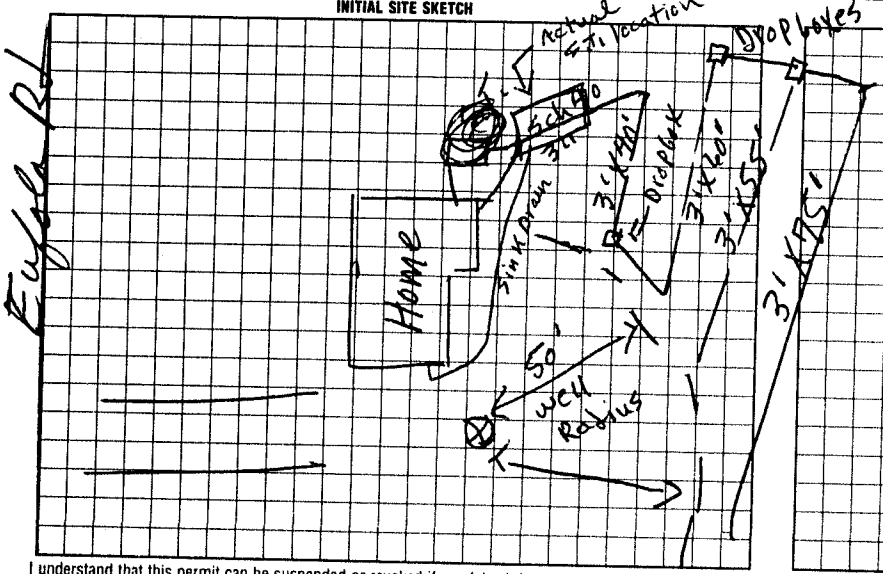
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ ~~Individual~~ ☐ Public ☐ Community

Comments:/Conditions: Tie all plumbing In To New ST.

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial sketch with ST. location as shown

I understand that this 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: Barry Sigmon Owner date _____ Installed by: Barry Sigmon

Improvement Permit by: E.C. Moore date 11-18-98 Operation Permit by: E.C. Moore date 1-11-99

Authorization to Construct by: E.C. Moore date 11-18-98 Existing System Inspection by: _____ date _____

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