IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 080704 PIN# 3793204842 DATE 5-19-99

OWNER OR CONTRACTOR Glenna Jones PHONE: Business _____ Home _____

ADDRESS POBox 5222 Statesville

LOCATION I40 W, TL Sharon Sch Rd. TL Sharon Ridge House on (R)

SUBDIVISION Sharon Ridge BLOCK / SECTION _____ LOT 13 LOT AREA 1.75 SITE CLASS P/S DESIGN FLOW 360 L.T.A.R. Existg

Septic Tank: 1000 Ex. Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 360 Linear Feet 120

No Lines 2 Trench Width 36 Max Trench Bottom Depth 36

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

System Description: Gravity Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes X No

Gravel Depth 12in Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 3

X Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

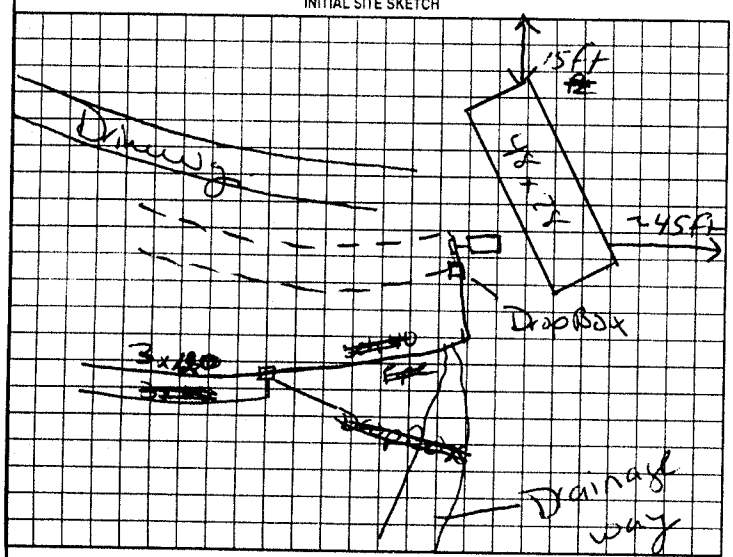
☐ Other _____

Water Supply: ☐ Individual X Public ☐ Community

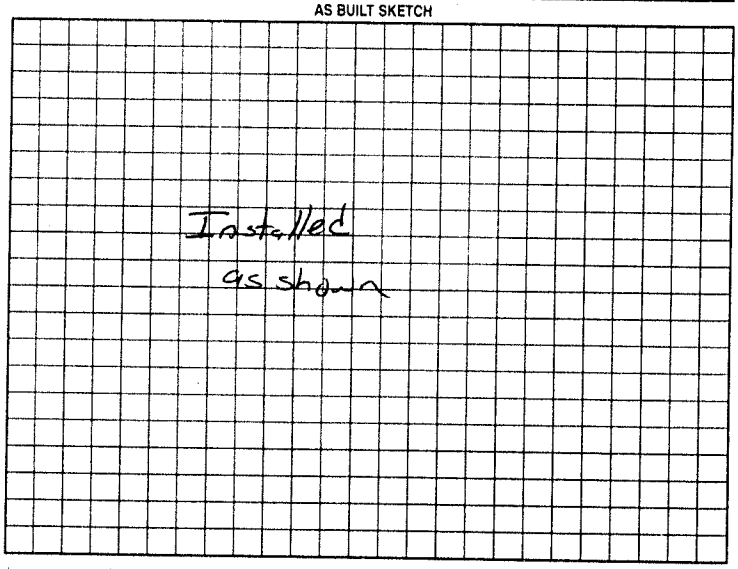
Comments/Conditions: * Believe part of system is under fill
Washer/Sink Drain must be tied into Tank - Install 2 lines on contour

Comments/Conditions
~~Fail~~ First
* lines are deep.

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: Lisa Jones Church date 5-24-99 Installed by: A-1 Backhoe

Improvement Permit by: Mark Cox RS date 5-19-99 Operation Permit by: Mark Cox RS date 6-1-99

Authorization to Construct by: Mark Cox RS date 5-19-99 Existing System Inspection by: _____ date _____

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