IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 3794-01-5351 8209 DATE 10-26-05

OWNER OR CONTRACTOR BOBBIE WARREN MOORE PHONE: Business 704-682-2660 Home 704-873-8220

ADDRESS 130 CORRAL CIRCLE, STATESVILLE, NC 28677

LOCATION ISLAND FORD ROAD WEST, TO CORRAL CIRCLE ON LEFT, 1ST HOUSE ON RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 12.11 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. EXISTING

24

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EXISTING Linear Feet EXISTING

No Lines EXISTING Trench Width _____ Max Trench Bottom Depth _____

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

System Description: CONVENTIONAL, GRAVITY

Repair System Description: CONVENTIONAL, GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth EXISTING ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other _____

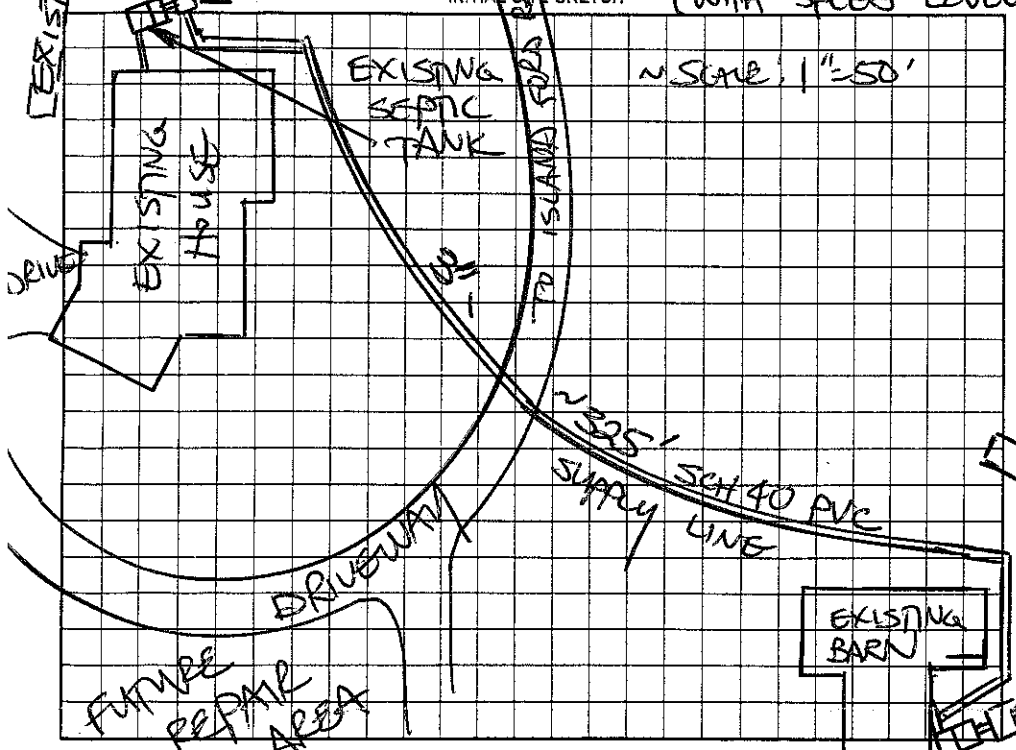
Water Supply:
☑ Individual
☐ Public
☐ Community
WELL

Comments:/Conditions: INSTALL NEW DISTRIBUTION BOX AND NEW 3" x 325' SUPPLY LINE TO EXISTING TANK

NEW DISTRIBUTION BOX (1) (WITH SPEED LEVELER)

EXISTING BED

INITIAL SITE SKETCH



Comments:/Conditions:

AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO INITIAL SITE 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: Barbara W. Moore date 10-26-05 Installed by: ESKER ELDER

Improvement Permit by: STEVE HEDRICK date 10-26-05 Operation Permit by: STEVE HEDRICK date 10-28-05

Authorization to Construct by: STEVE HEDRICK date 10-26-05 Existing System Inspection by: _____ date _____

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