IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 10 Oct. 06

PERMIT# 138219 PIN# 3795910867

OWNER OR APPLICANT Gail Barnes PHONE: Business _____ Home 704-924-9429

ADDRESS 116 Molly Ln. Statesville, N.C. 28625

LOCATION Same

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.47 Ac. SITE CLASS. P3 DESIGN FLOW 300 L.T.A.R. _____

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet 900 Linear Feet 300

No Lines 3 Trench Width 3' Max Trench Bottom Depth _____ Gravel Depth _____ ☐ Gravity ☐ Pressure

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

System Description: _____

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☐ Individual ☐ Public ☑ Community

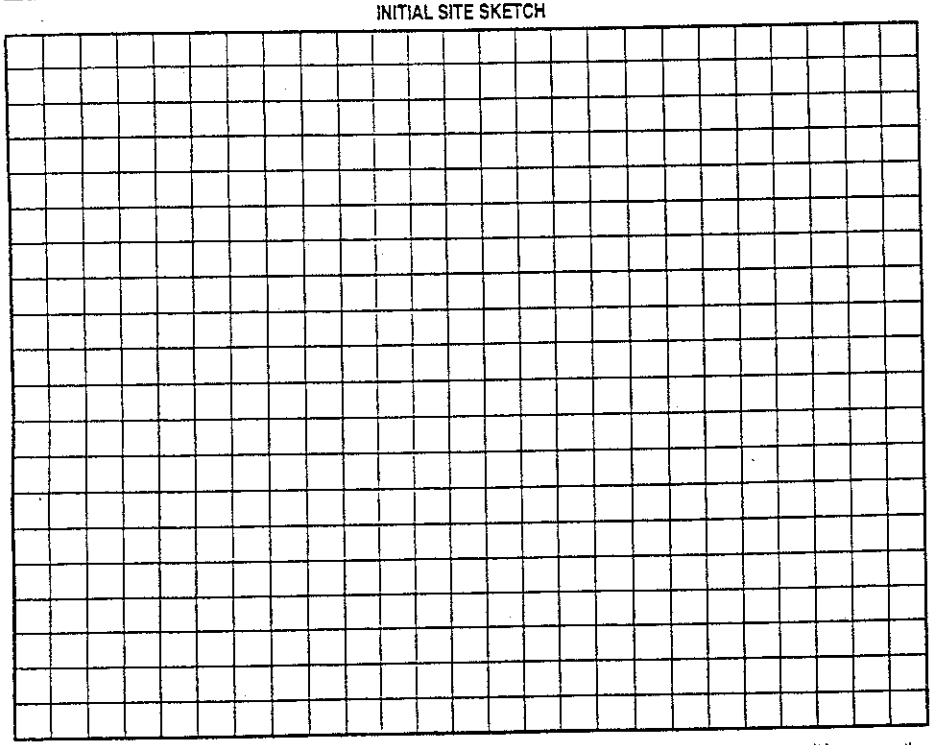
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

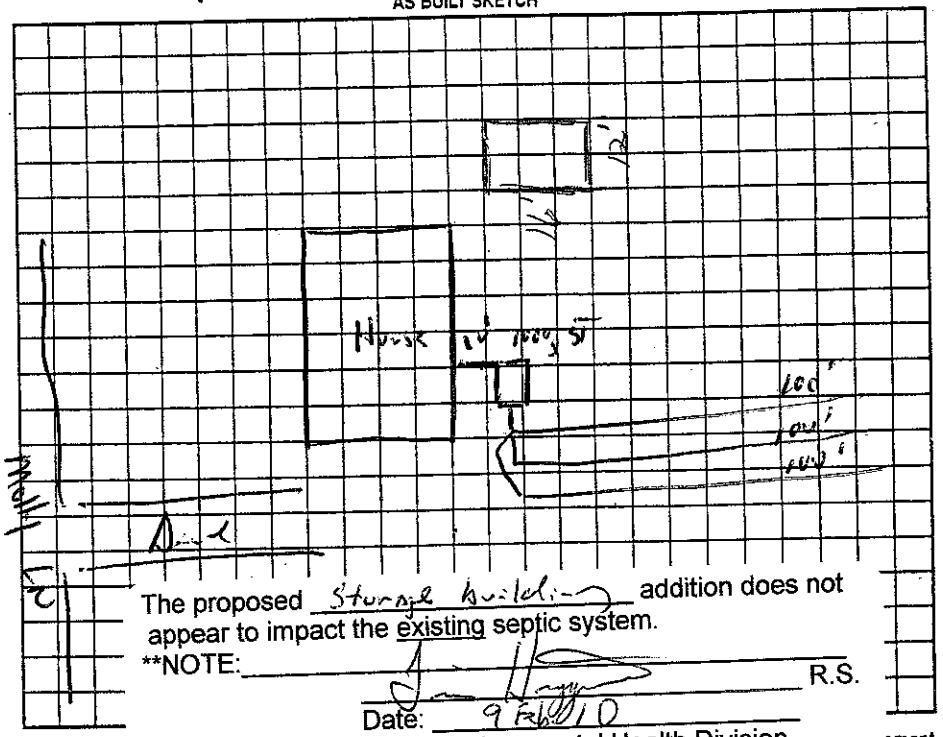
Comments:/Conditions:

Exist. System - House currently on stilts - Replace with crawl space foundation, NO change in location.

INITIAL SITE SKETCH



AS BUILT SKETCH



The proposed Storage building addition does not appear to impact the existing septic system.

**NOTE: _____

Jim Haggis R.S.

Date: 9 Feb 10

ICHD-Environmental Health Division

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made.

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: Gail M. Barnes date 10/10/06

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Jim Haggis, R.S. date 10 Oct. 06

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