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# 3795-92-3352

OWNER OR APPLICANT Walter Mullins PHONE: Business _____ Home (704) 871-1326 DATE 23 March 09

ADDRESS 2584 Old Mountain Rd. Statesville NC

LOCATION N/S HWY 70 W TR Old Mtn. Rd. ON Rt. past Stewarts Auto Sales.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 240gpd L.T.A.R. 0.3 g/ft. lda.

Septic Tank: Existing Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 200

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

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

System Description: _____

Repair System Description 25% Reduction

Maintenance Agreement Required: ☐ Yes ☐ No

☐ ~~House~~/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

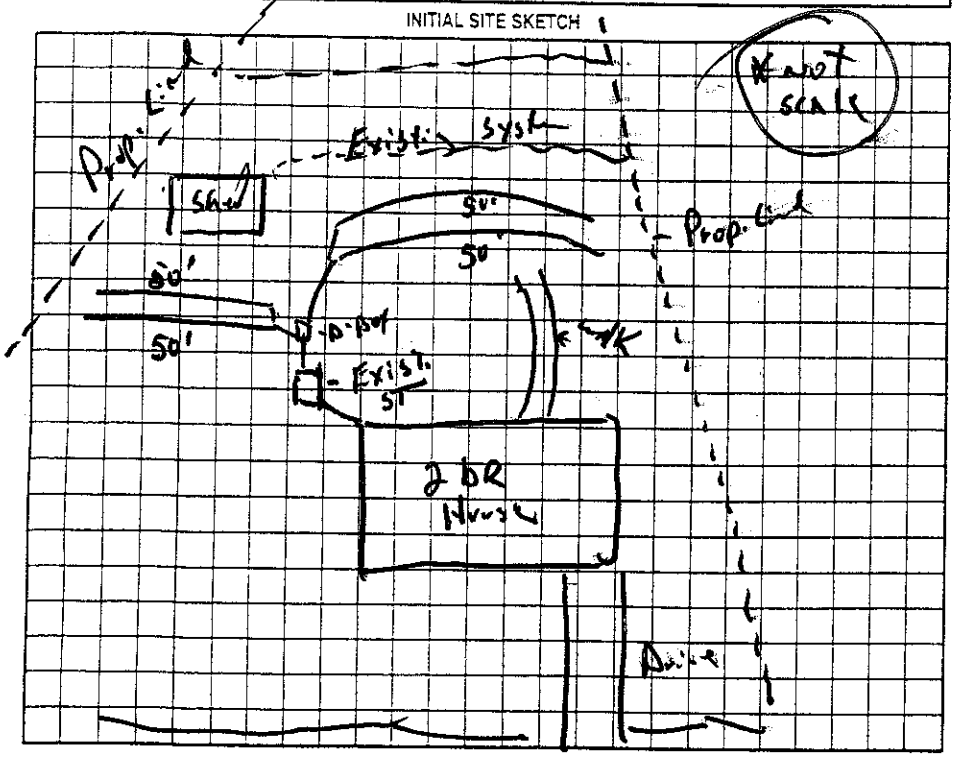
Water Supply: ☐ Individual ☐ Public ☐ Community

☐ Gravity ☐ Pressure ☐ Slab ☐ ~~Crawl Space~~ ☐ Basement w/plumbing ☐ Basement wo/plumbing

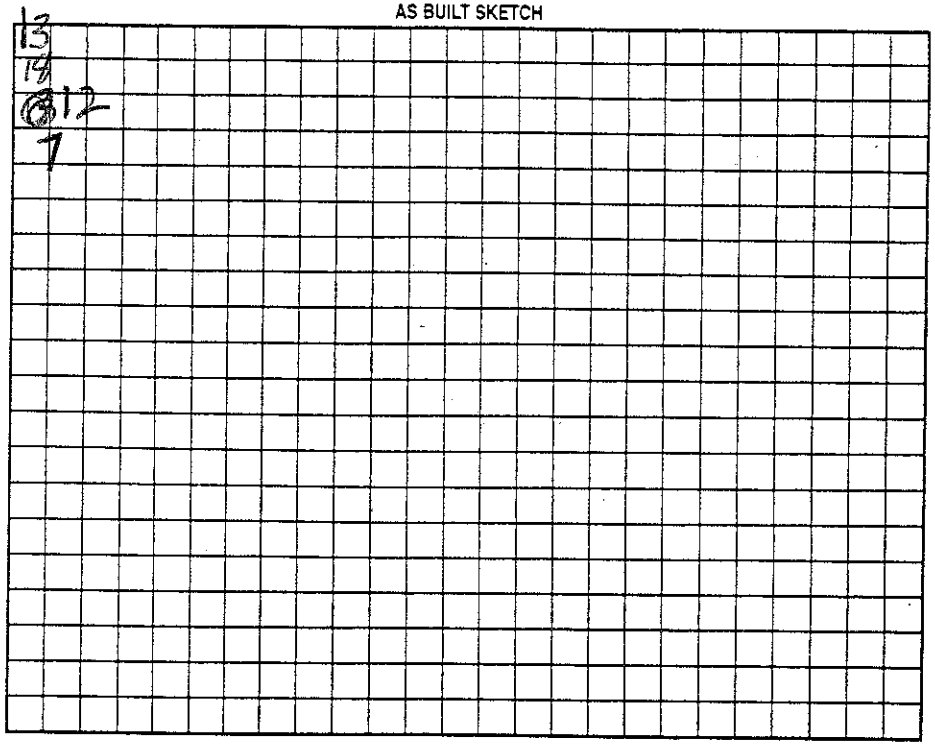
Comments:/Conditions: Add 4 lines – cut off old system. Replace tee in tank.

Comments:/Conditions:

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: Walter D. Mullins date _____ Installed by: A-1 Backhoe

Improvement Permit by: R.S. date 23 March 09 Operation Permit by: _____ date 4-8-9

Authorization to Construct by: R.S. date 23 March 09 Existing System Inspection by: _____ date _____

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