IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 8-23-99

PERMIT# _____ PIN# 3796 4D8568

OWNER OR CONTRACTOR Bill Burgess PHONE: Business _____ Home _____

ADDRESS 152 Millet Drive Statesville

LOCATION 40W TR OMR TR Lindsey Farm TR Barkley In TL Millet Dr next to last lot on (R)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ DESIGN FLOW 360 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 _____ Linear Feet 400

No Lines 4 Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: _____

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

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

☐ House/Mod. Home No. Bedrooms ___

☐ Mobile Home No. Bathrooms ___

☐ Business No. Employees ___

☒ Other Garage

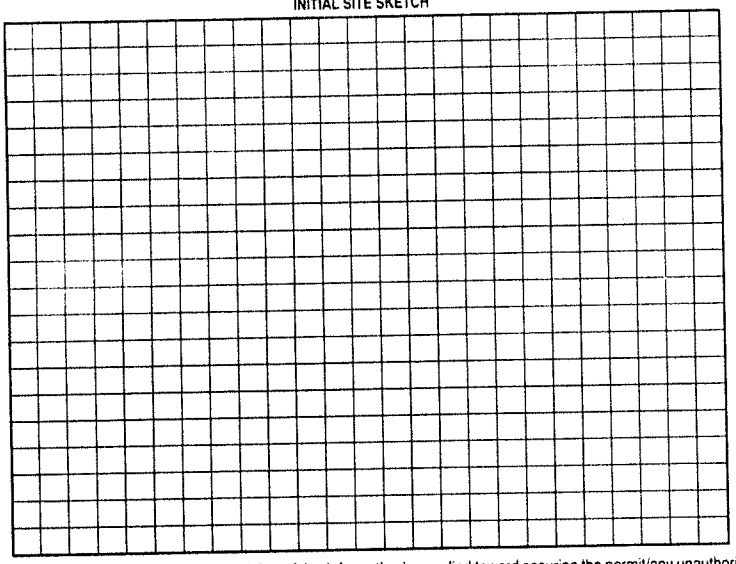
Water Supply:
☒ Individual
☐ Public
☐ Community

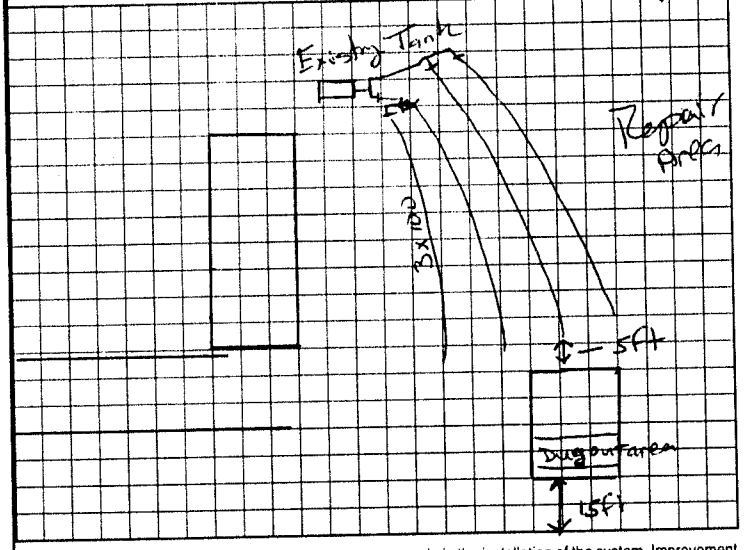
Comments:/Conditions:

Comments /Conditions

Existing System Check
Keep Footers 5ft from system.
Keep "Basement" Dugout
AS BUILT SKETCH area 15ft from system.

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: _____ date _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Mark C. Watts date 8-23-99

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