IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 089397 PIN# 4616978123 DATE 5/9/2000

OWNER OR CONTRACTOR James Thompson PHONE: Business Mother in law 857-5040 Home (910) 295-1380

ADDRESS 172 Woodriver Rd West End, NC 27376

LOCATION Brawley School Rd TR McKendree TR 2nd Lakeview Shores 4th lot on left

SUBDIVISION CL & T BLOCK / SECTION 8 LOT 217 LOT AREA .76 ACRE SITE CLASS. ____ DESIGN FLOW 360gpd A.R. ____

Septic Tank: Existing Gallons: STB ____ Date ____

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields Existing Square Feet ____ Linear Feet ____

No Lines ____ Trench Width ____ Max Trench Bottom Depth ____ Gravel Depth ____

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

System Description: Gravity-Conventional

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

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

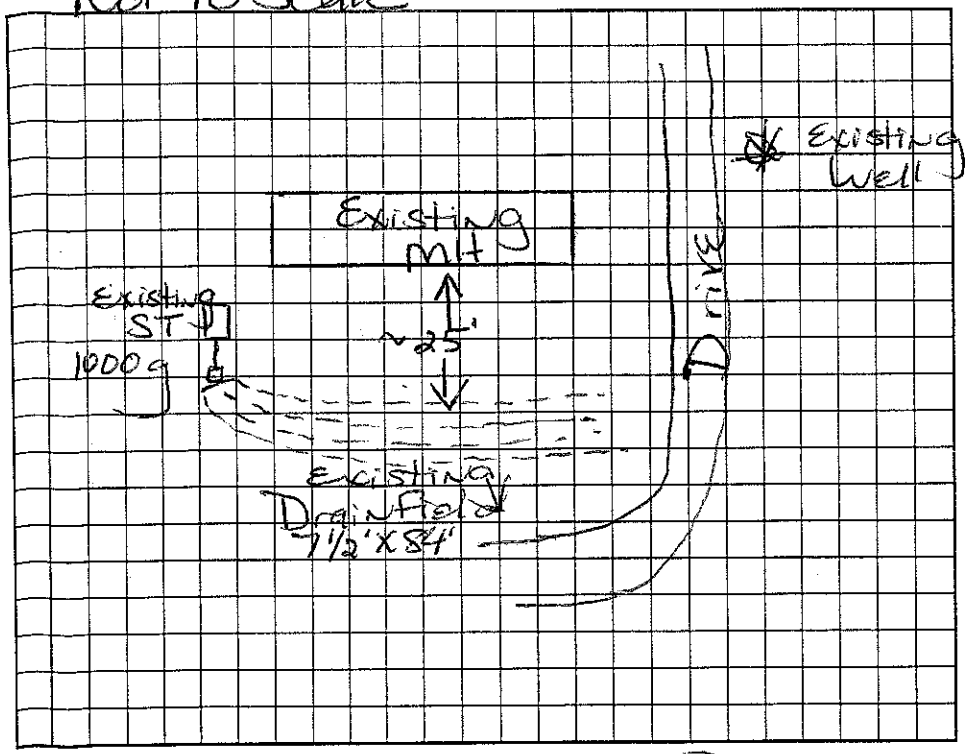
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Existing Septic System appears to be functioning okay, No problems Noticed.

Comments:/Conditions: Keep New home at least 5' from Septic System

Replacing 3 Bedroom home with 3 Bedroom.

Not to Scale INITIAL SITE SKETCH



AS BUILT SKETCH

Original System installed 1976 Under Bail Overcash.

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 X ____ date ____ Installed by: ____

Improvement Permit by: Maria H. Dotson R.S. date 5/9/2000 Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: Maria H. Dotson R.S. date 5/9/2000

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