IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 128 714 70 PIN# 4627601450 DATE 6/29/05

OWNER OR CONTRACTOR James Sutton PHONE: Business 872-6227 Home Cell 902-0368

ADDRESS 816 Henkel Rd Statesville NC 28677

LOCATION Brawley School TR Mckendree TR Grasshopper on left

SUBDIVISION CLAN BLOCK / SECTION ~~B~~ LOT 43i LOT AREA SITE CLASS PS DESIGN FLOW 360gpd T.A.R.

Exist Septic Tank: 1000 Gallons; STB Date

Exist Pump Tank: 1000 Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

~~Exist~~ No Lines 3@115 Trench Width 36" Max Trench Bottom Depth Gravel Depth 12"

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

System Description: Existing Pump-Conventional

Repair System Description: Pump-Innorative

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

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

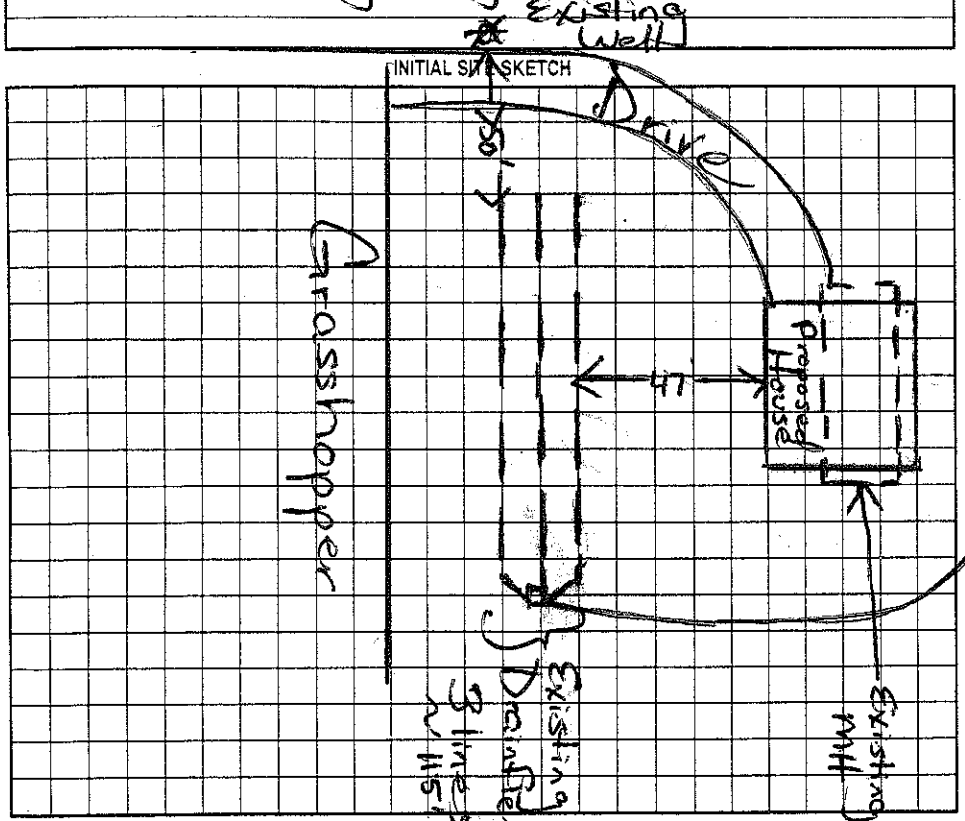
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Existing Septic System appears to be functioning Okay at time of inspection.

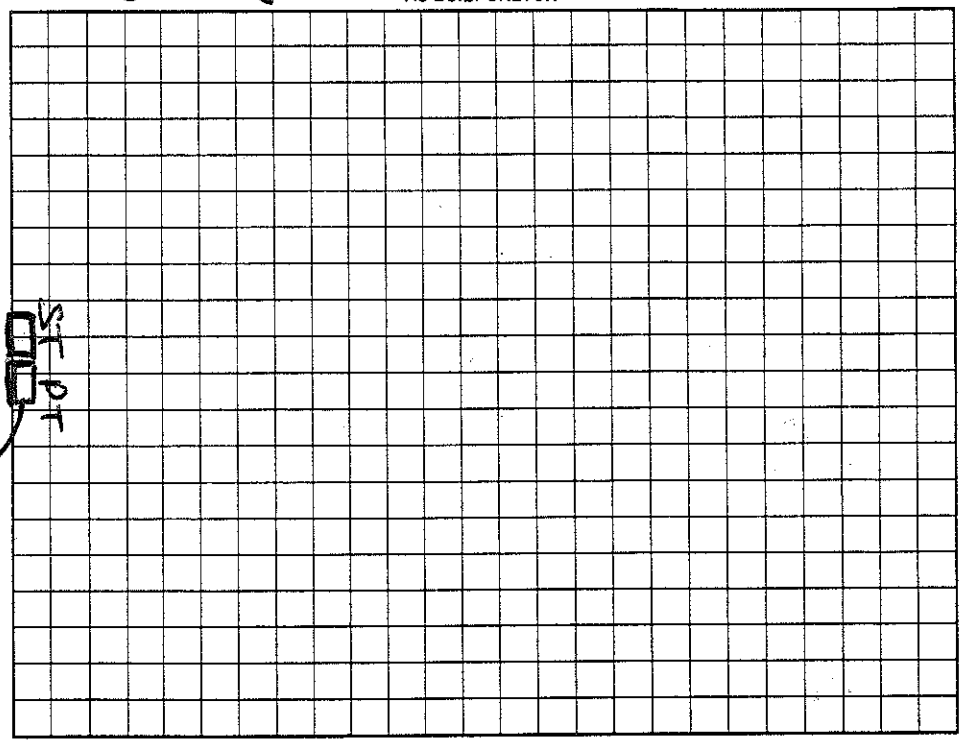
Comments:/Conditions: Keep New home at least 10' off Septic & Pump tanks.

Original system installed 7/26/92 for 3 Bdrm.

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: James A. Sutton date 6/29/2005

Improvement Permit by: Maria H. Dolan RS date 6/29/05

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Maria H. Dolan RS date 6/29/05

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