IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 109 546 PIN# 4627-78-1966 DATE 11/12/02

OWNER OR CONTRACTOR Clarence T. White PHONE: Business 828-381-4197 Home

ADDRESS 625 St. Cloud Dr. Statesville NC 28625

LOCATION 150 W, TL Paradise Pen., on Lt #171

SUBDIVISION BLOCK / SECTION LOT 152 LOT AREA 0.77Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R.

Septic Tank: Existing Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 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: Existing Gravel Rod

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

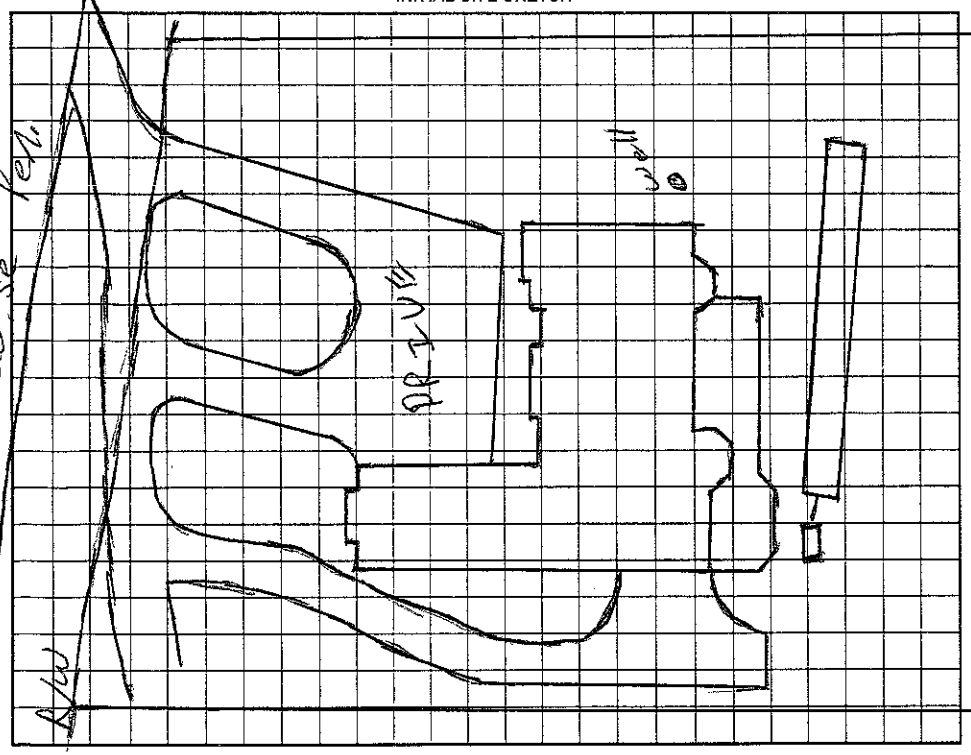
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

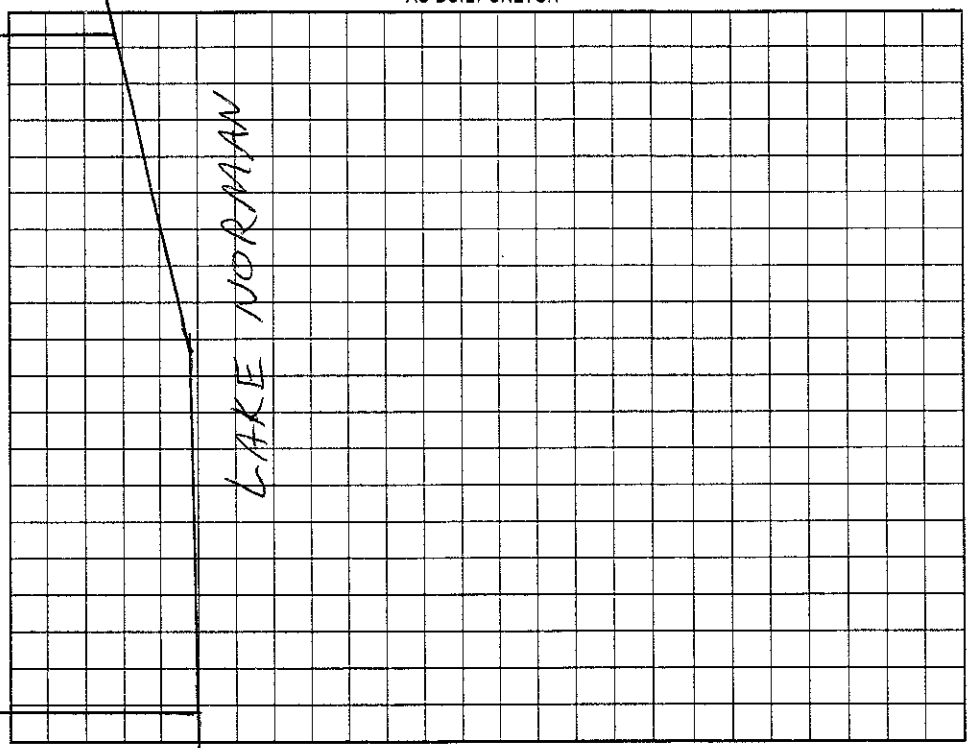
Comments:/Conditions:

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: Clarence T. White date 11-13-02 Installed by:

Improvement Permit by: [redacted] date

Operation Permit by: date

Authorization to Construct by: date

Existing System Inspection by: RS date 11/12/02

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