IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 140720 PIN# 4629941329 704-872-3681 DATE 3-12-07

OWNER OR APPLICANT WESLEY & TAMMY COMBS PHONE: Business 704-872-8823 Home 704-929-6550

ADDRESS 525 BARRY OAK RD Statesville NC 28625

LOCATION PERTH RD (L) Morrison Farm (L) DAYVAULT LOT (R) STILLWATER (L) AT BOX # 503

SUBDIVISION CLOT BLOCK / SECTION 17 LOT 62 LOT AREA 1.81 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet ____ Linear Feet ____

No Lines BED Trench Width 6½ x 80' Max Trench Bottom Depth ____ Gravel Depth ____ ☐ Gravity ☐ Pressure

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

System Description: 6 UNITS 60 LIN FT BED

Repair System Description: PRE 1983 / NO REPAIR

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons 6

☐ Business No. Employees ____

☐ Other ____

Water Supply: ☒ Individual ☐ Public ☐ Community

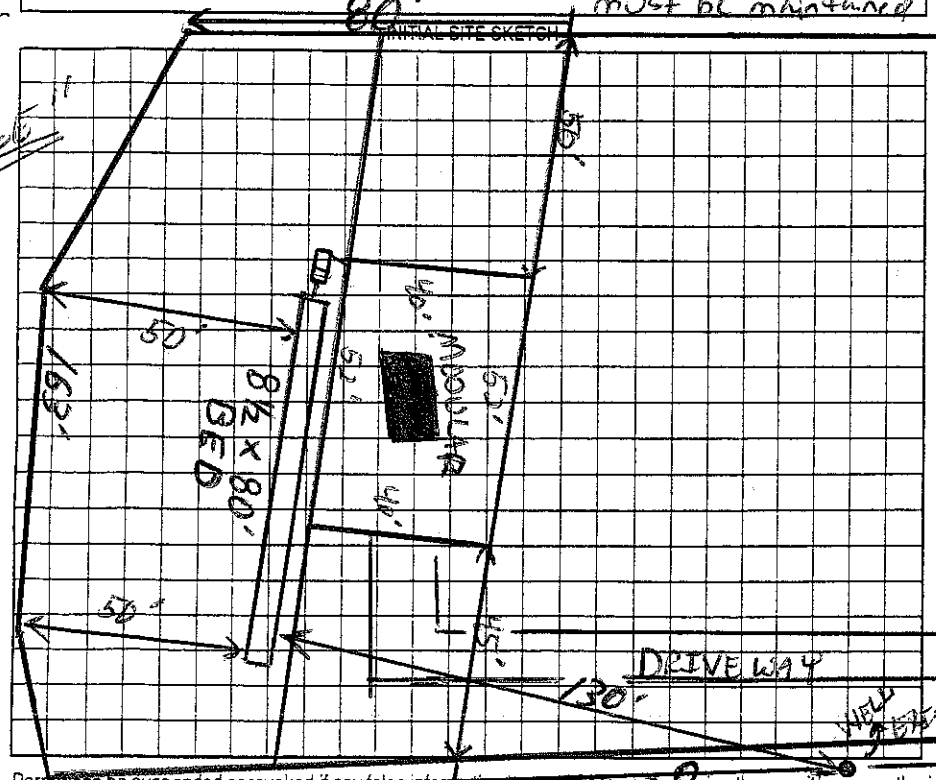
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: (1) HOUSE BOX INCLUDES PORCHES & DECKS, (2) MAINTAIN SETBACKS. HOUSE FOOTERS/BEING UNDER PINNING FOOTERS, 5' OFF SYSTEM/MUST BE MAINTAINED

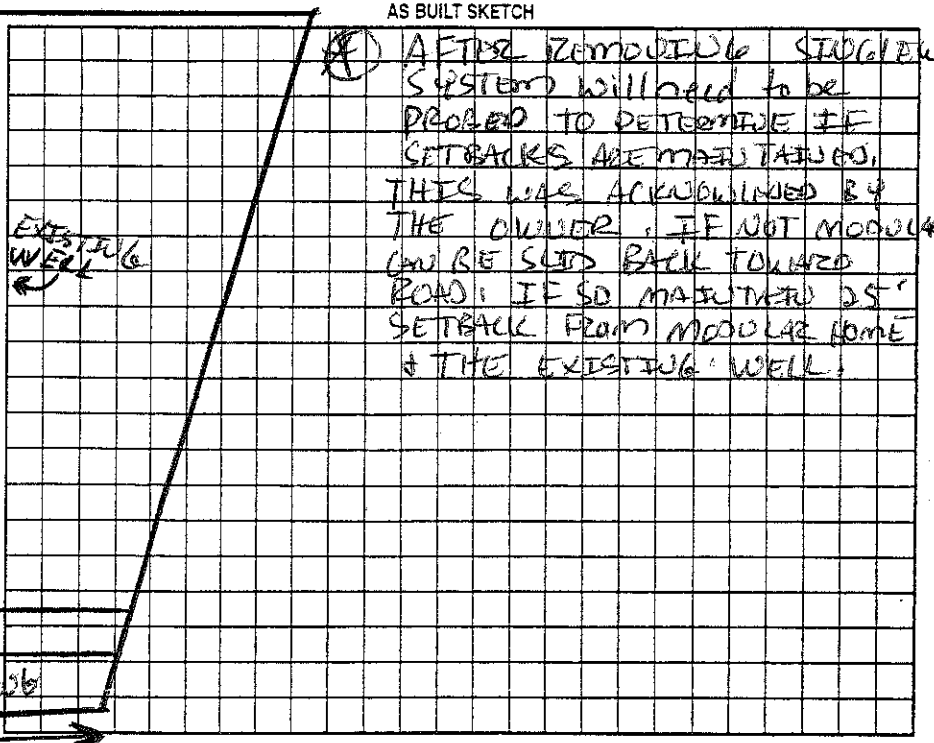
Comments:/Conditions: (3) TAKING OFF 3 BEDROOM SINGLEWIDE AND REPLACING WITH 3 BEDROOM MODULAR (4) THIS IS A PROPERLY FUNCTIONING SYSTEM IN USE

NOT TO SCALE

INITIAL SITE SKETCH



AS BUILT SKETCH



(4) AFTER REMODELING SINGLEWIDE, SYSTEM WILL NEED TO BE PROBED TO DETERMINE IF SETBACKS ARE MAINTAINED. THIS WAS ACKNOWLEDGED BY THE OWNER. IF NOT MODULAR CAN BE SLID BACK TOWARD ROAD; IF SO MAINTAIN 25' SETBACK FROM MODULAR HOME & THE EXISTING WELL.

Permit can be suspended or revoked if any false information is supplied towards 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: Wesley R. Combs date 3-13-07

Improvement Permit by: N/A date 3-12-07

Authorization to Construct by: N/A date 3-12-07

Installed by: ____

Operation Permit by: ____ date ____

Existing System Inspection by: ____ date 3-12-07

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