IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 124729 PIN# 4639-07-3237 DATE 11-20-04

OWNER OR CONTRACTOR TILL BABB / CLAYTON HOMES PHONE: Business 704-873-2547 Home 704-682-3848 LEE BOLES

ADDRESS 152 HONEYDEW CIRCLE, STATESVILLE NC 28677

LOCATION 21 SOUTH (E) PERTH (R) STATE PARK (L) MORRISON FARM (L) STILLWATER (L) HONEY DEW (R) at BOX # 152

SUBDIVISION CL & T BLOCK / SECTION 18 LOT 890 LOT AREA ____ SITE CLASS. ____ DESIGN FLOW 360 L.T.A.R. .5

EXIST TNK

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240

No Lines 2X120' Trench Width ____ Max Trench Bottom Depth ____ Gravel Depth 12"

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

System Description: EXISTING CONV DRAW

Repair System Description: NONE NOTED/15A NCAC 18A .1962

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

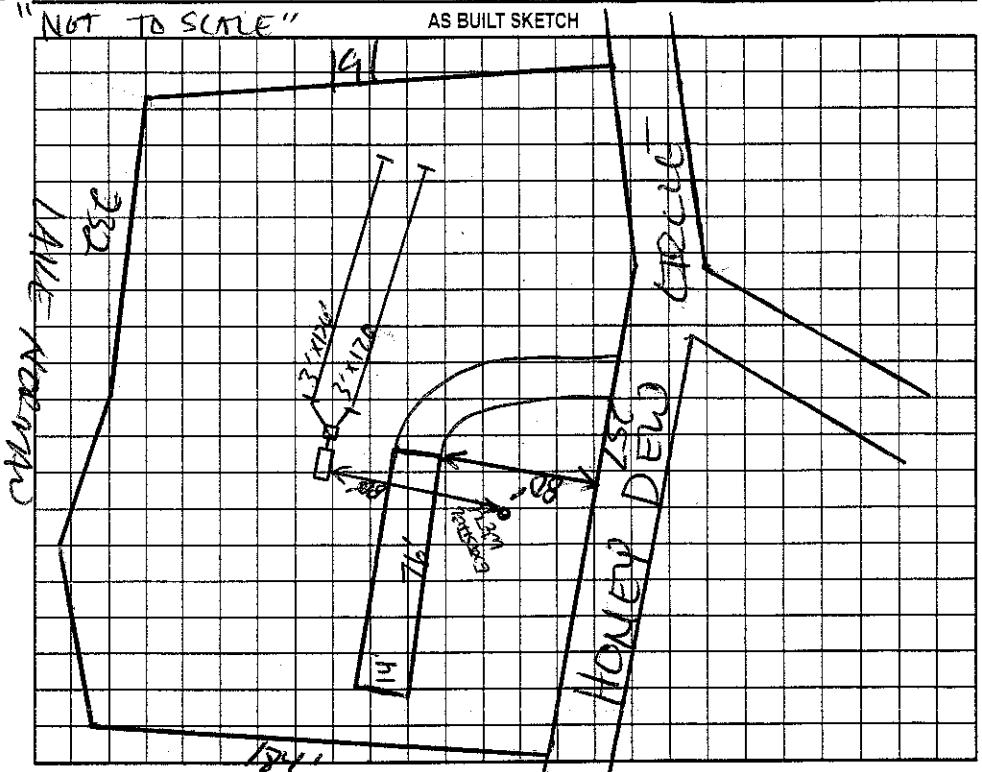
Water Supply: ☐ Individual ☐ Public ☐ Community

Comments/Conditions: (1) OLD PERMIT FOUND & ATTACHED WITH NO REPAIRS NOTED (2) THIS IS A PROPERLY FUNCTIONING SYSTEM IN USE AT TIME OF CHECK. 15A NCAC 18A .1962 APPLICABILITY RULE

Comments/Conditions: FLOW IS NOT CHALLENGED.

INITIAL SITE SKETCH

"NOT TO SCALE" 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: _____ date 11/24/04

Improvement Permit by: _____ date ____

Authorization to Construct by: _____ date ____

Installed by: _____

Operation Permit by: _____ date ____

Existing System Inspection by: _____ date 11-20-04

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