IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 086904 PIN# 4649975650 DATE 12/29/99

OWNER OR CONTRACTOR Patsy Newsome PHONE: Business 880-1277 Home 878-2534

ADDRESS 466 Scott Creek Rd Statesville, NC 28625

LOCATION Rankin Hill Tr Through brad TR Sorrell on RT Near end

SUBDIVISION Palimeno Pk BLOCK / SECTION ____ LOT 27 LOT AREA 1.12 Acre SITE CLASS. Existing DESIGN FLOW 360gpd I.A.R. ____

Septic Tank: Existing Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'

No Lines 4 at 100' Trench Width 36" Max Trench Bottom Depth Existing Gravel Depth ____

X New System Existing Repair System Type: I II III IV V VI

System Description: Existing Gravity-Conv.

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

X Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

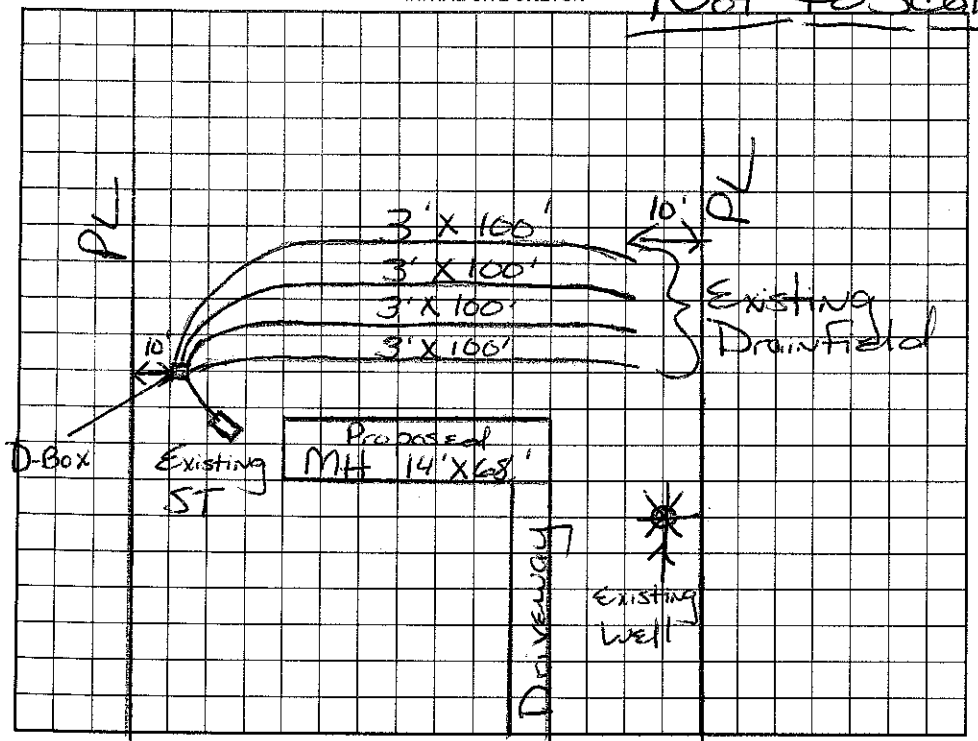
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

Comments:/Conditions: Existing Septic System appears to be functioning okay at time of inspection, No problems noticed.

Comments:/Conditions: Keep MH at least 5' off Septic System. No building(s) over Septic System, Keep grass mowed.

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 plan 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 Patsy Newsome date 12-29-99 Installed by: ____

Improvement Permit by: ____ date ____ Operation Permit by: ____ date ____

Authorization to Construct by: Maria H. Dotson R.S. date 12/29/99 Existing System Inspection by: Maria H. Dotson R.S. date 12/29/99

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