IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING

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

PERMIT# 142412

Pump Make: _____ Model _____ Serial No. _____ Date _____

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

No Lines 4 Trench Width 3' Max Trench Bottom Depth 3'

System Description: Gravity - 250 Reduction

Repair System Description: Pressure - 16" APBPS

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth No ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

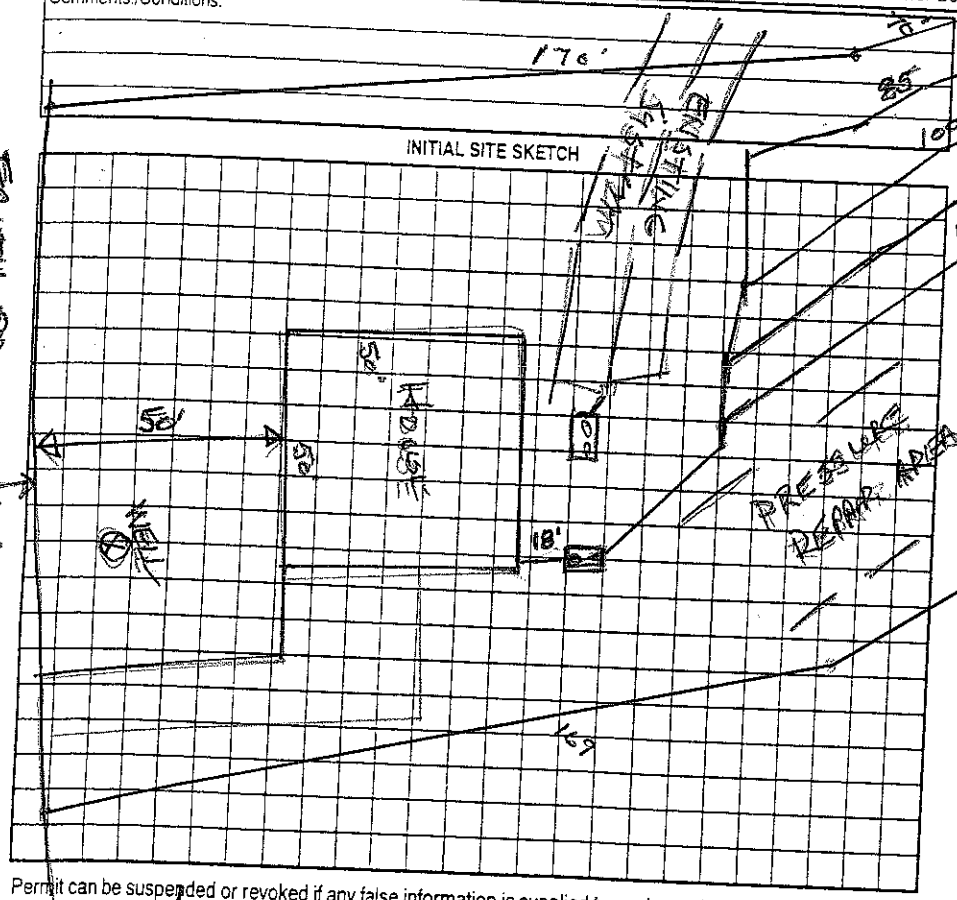
☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

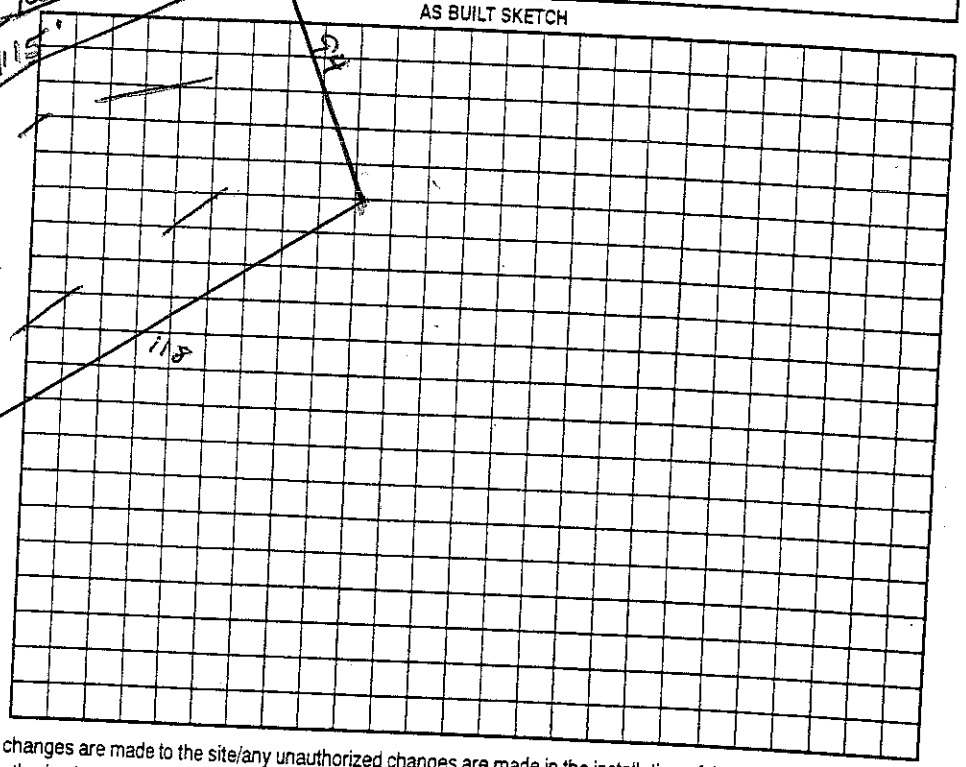
Comments/Conditions:

INITIAL SITE SKETCH



Comments/Conditions:

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: Tina Stallmer date 7-19-07

Improvement Permit by: Wesley Sparks R.S. date 6/5/07

Authorization to Construct by: Jessy Melville date 9-21-07

Installed by: Shane Hill

Operation Permit by: Wesley Sparks R.S. date 11/21/07

Existing System Inspection by: _____ date _____

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