Existing System ones ⊘

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 149564 PIN# 4676547220.000 4676-64-2423 DATE 4/14/08

OWNER OR APPLICANT Carole A. Stutts PHONE: Business _____ Home 704 663-1962

ADDRESS 670 Teeter Rd.

LOCATION Hwy 3(S) TL Williford Rd. TR Linwood TL Teeter Rd, on Left 658 Teeter Rd.

SUBDIVISION N/A BLOCK / SECTION _____ LOT _____ LOT AREA Portion of 1 Ac SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. Exist.

Septic Tank Ex. 1000 Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet Ex. 400'

Ex: 4@100' No Lines 4@100' Trench Width 3' Max Trench Bottom Depth 3'

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

System Description: Existing System

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community

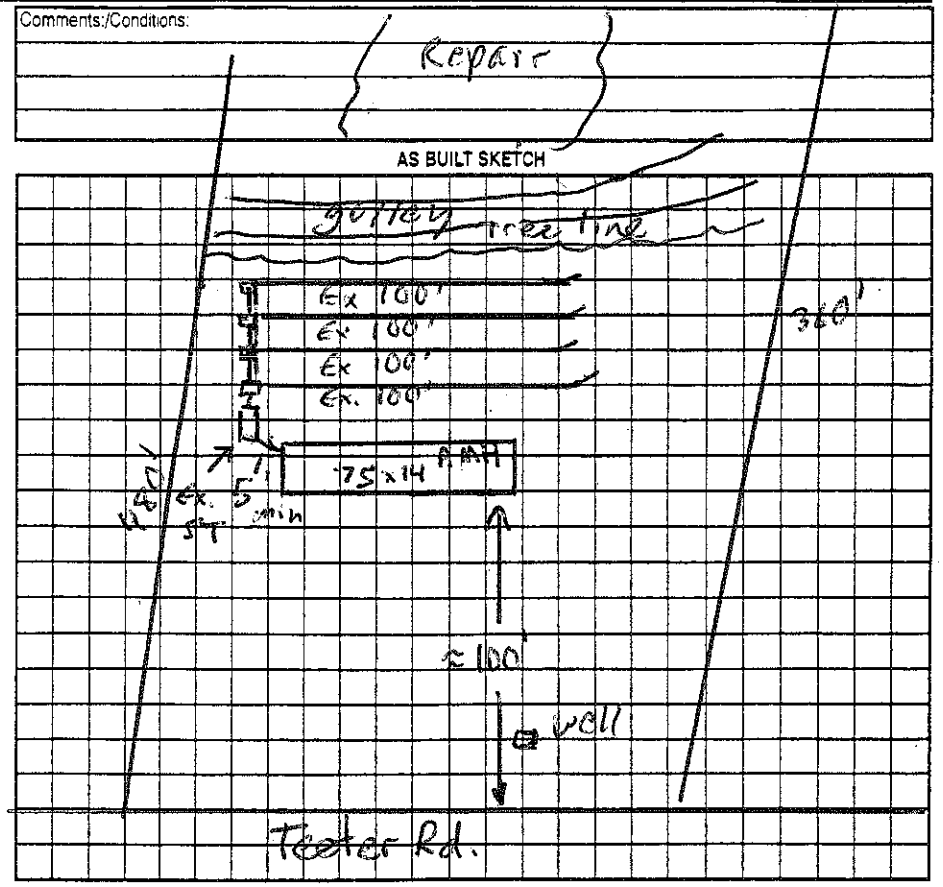
Gravel Depth Exist ☐ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: 3BR MH to be placed on Existing Septic System See permit (Terry Stubbs 2002)

Comments:/Conditions: Repair

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: Carole A Stutts date 4/15/08

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by Anthony Cole Jr date 4/14/08

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