Repair

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# _____

OWNER OR CONTRACTOR Edward Bass PHONE: Business _____ Home 873 8314 DATE Nov 17 99

ADDRESS Box 577 Etola Rd

LOCATION E Lewis Ferry (R) Etola Rd Box 577 on Right up hill

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS P3 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 90 Linear Feet 300

No Lines 3 @ 100 Trench Width 36" Max Trench Bottom Depth 56" Gravel Depth 12"

☐ New System ☒ Repair System Type: I ☒ III. IV. V. VI

System Description: _____

Repair System Description: Conv Gravity

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other _____

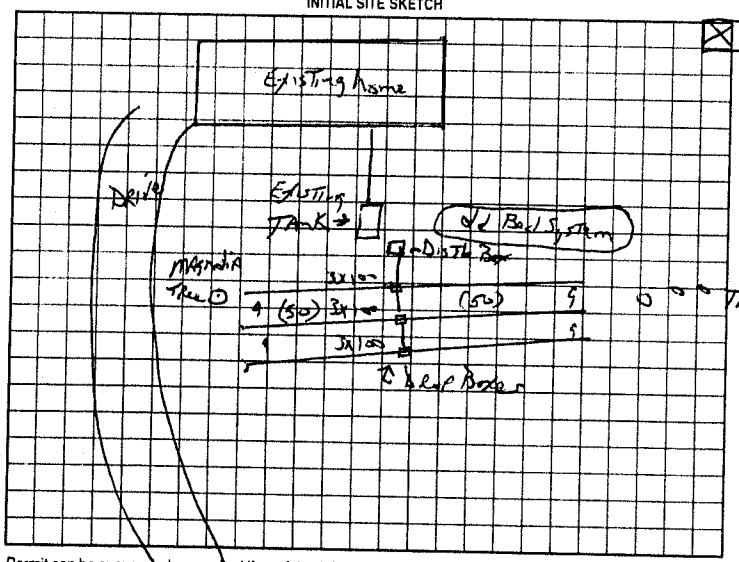
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community WS II

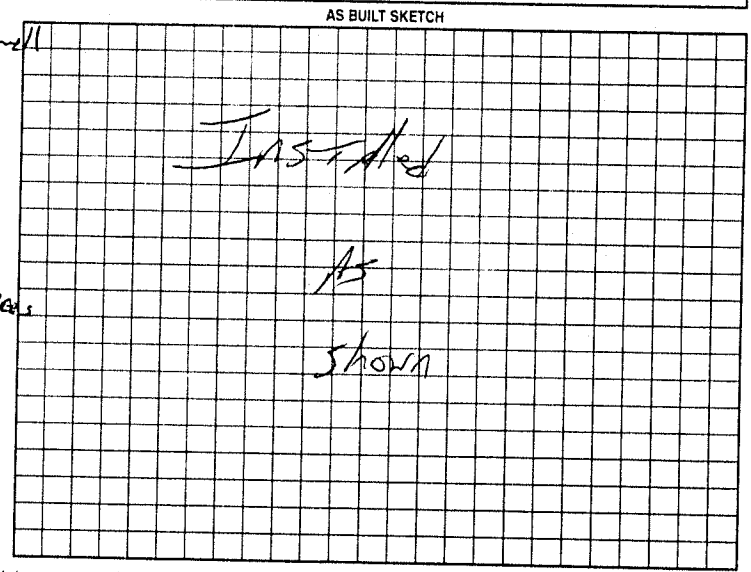
Comments/Conditions: ① Uncover Existing Septic Tank outlet & Replace Tee if needed ② Locate existing Drop & Tie into - - ③ Add 3 - 100 Ft Lines on contour

Comments/Conditions:

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: Edward L Bass date _____

Improvement Permit by: Jc Potter date Nov 1799

Authorization to Construct by: Jc Potter date Nov 1799

Installed by: Steve Jordan

Operation Permit by: Jc Potter date Dec / 99

Existing System Inspection by: _____ date _____

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