IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100113 PIN# 4702 46 9918 DATE 4/3/01

OWNER OR CONTRACTOR STEVEN & DORIS BROWN PHONE. Business ______ Home (704) 872-1332

ADDRESS 141 ANGELA LANE STATESVILLE, NC 28677

LOCATION OLD MTN. RD. (R) LEWIS FERRY RD. (R) EUFOLA RD. (L) ANGELA LN. TO END ON (L)

SUBDIVISION STACY ACRES BLOCK / SECTION ______ LOT 4 LOT AREA 2.16 Ac. SITE CLASS ______ DESIGN FLOW ______ L.T.A.R. ______

Septic Tank: EXISTING Gallons; STB ______ Date ______

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields ______ Square Feet ______ Linear Feet ______

No Lines ______ Trench Width ______ Max Trench Bottom Depth ______ Gravel Depth ______

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

System Description: ______

Repair System Description: ______

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other ______

No. Bedrooms 3 No. Bathrooms 3 No. Employees ______

Water Supply: ☑ Individual ☐ Public ☐ Community

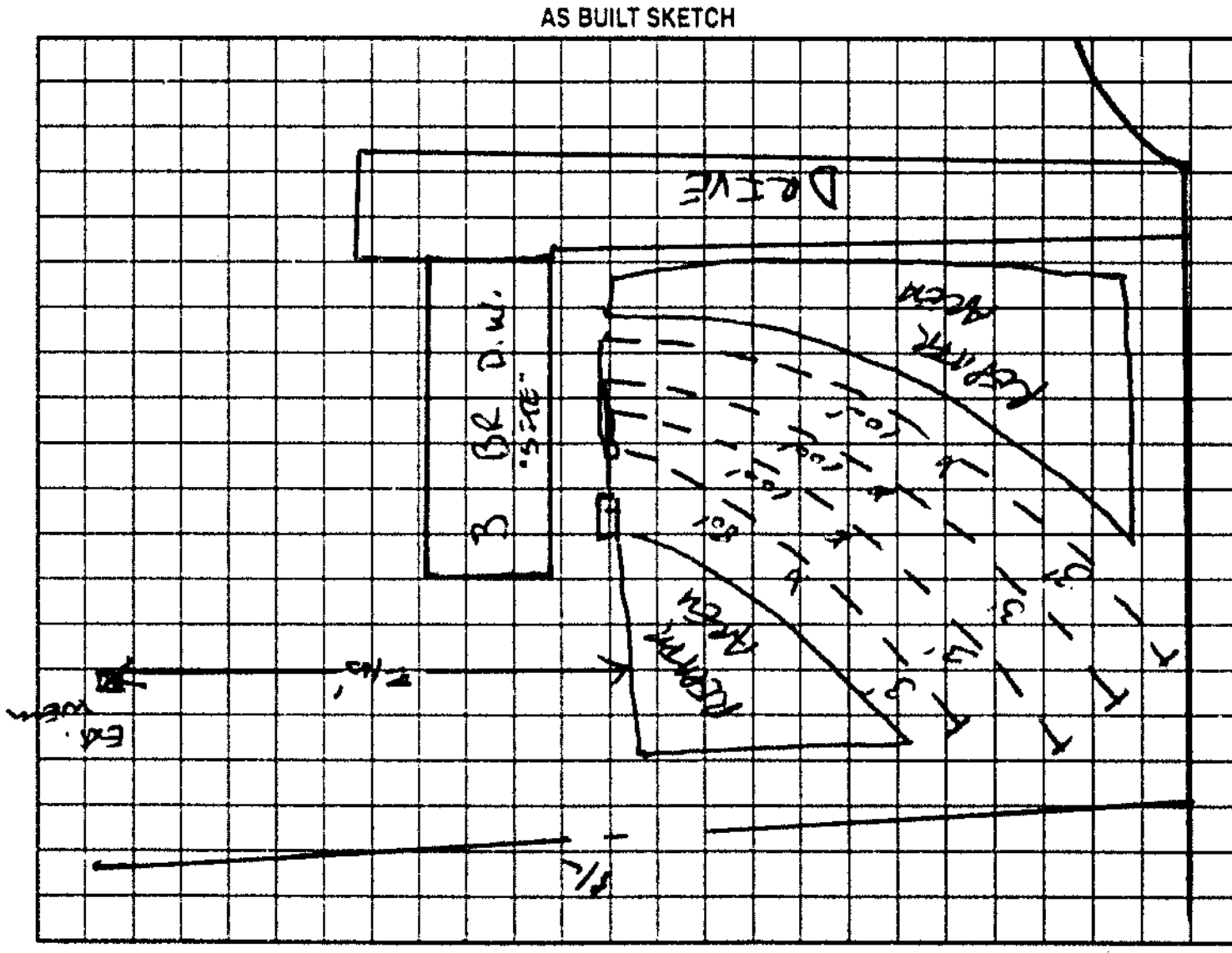
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: ______

Comments:/Conditions: (1) MAINTAIN 5' SETBACK FROM ANY PART OF DRAINFIELD WITH NEW HOME (INCL. DECKS/PORCHES) (2) PUMP SEPTIC TANK EVERY 3-5 YRS.

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: ______ date ______ Installed by: ______

Improvement Permit by: ______ date ______ Operation Permit by: ______ date ______

Authorization to Construct by: ______ date ______ Existing System Inspection by: [signature] date 4/3/01

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