# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 119471 PIN# 4703-49-0090 DATE 6-15-04

OWNER OR CONTRACTOR Gary W. Pope PHONE: Business (704) 872-6556 Home (704) 872-0794

ADDRESS 176 Hunters Pond Ln. Statesville, NC 28677

LOCATION I-40W TL Old Mountain Rd TR Beulah Rd forms into Mock Mill Rd TL Hunter Pond Ln Lot at end on right

SUBDIVISION Stonewood BLOCK / SECTION II LOT 16 LOT AREA .49 SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. Ex. J

Septic Tank: Ex. Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields / Ex. Square Feet ____ Linear Feet Ex.

No Lines 2 Ex. Trench Width ____ Max Trench Bottom Depth Ex. Gravel Depth Ex.

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

System Description: Con. Gravity

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 2 No. Bathrooms 2 No. Employees ____

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

Water Supply: ☐ Individual ☑ Public ☐ Community

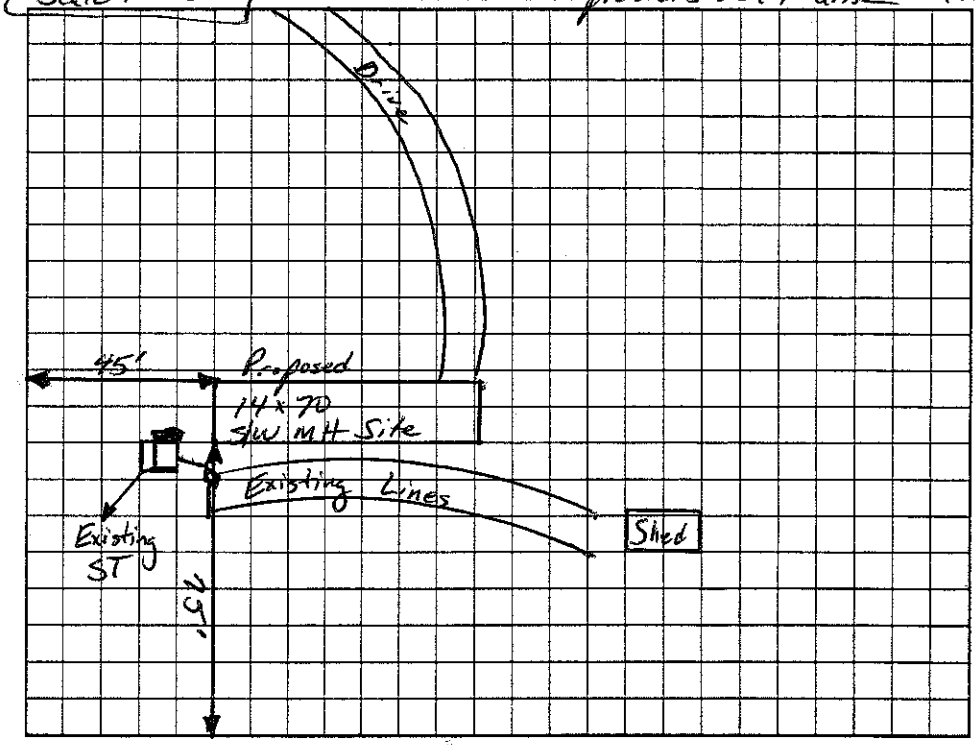
Comments:/Conditions:

INITIAL SITE SKETCH

Comments:/Conditions:
1. System functioning properly at time of inspection
2. Permission to connect new structure to existing system
3. New structure shall not increase # bedrooms system sized for
4. This inspection is visual only. There is no guarantee problems won't arise in future

Scale 1" = 50'

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: Gary W Pope date 6-15-04 Installed by: James Hudler

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

Authorization to Construct by: ____ date ____ Existing System Inspection by: Christopher M Stanley, PS date 6-15-04

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