IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 112656 PIN# 4703-80-~~7395~~ 8228 DATE 05/29/03

OWNER OR CONTRACTOR CARL LINDSEY PHONE: Business _____ Home 704-873-8631

ADDRESS 144 PINEDELL ACRES RD, STATESVILLE, NC 28677 704-873-8631

LOCATION OLD MTN RD., (R) LEWIS FERRY, (L) PINEDELL ACRES, ON RIGHT @ BOX #144

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 0.90 ACRES SITE CLASS EXISTING DESIGN FLOW 360 GPD L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT EXISTING Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 700 Linear Feet 91'

No Lines 1-BED Trench Width 7½' Max Trench Bottom Depth ? Gravel Depth ?

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

System Description: EXISTING 7½ x 91' BED

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

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

Water Supply: ☒ Individual ☒ Public ☐ Community EXISTING WELL

Comments:/Conditions:

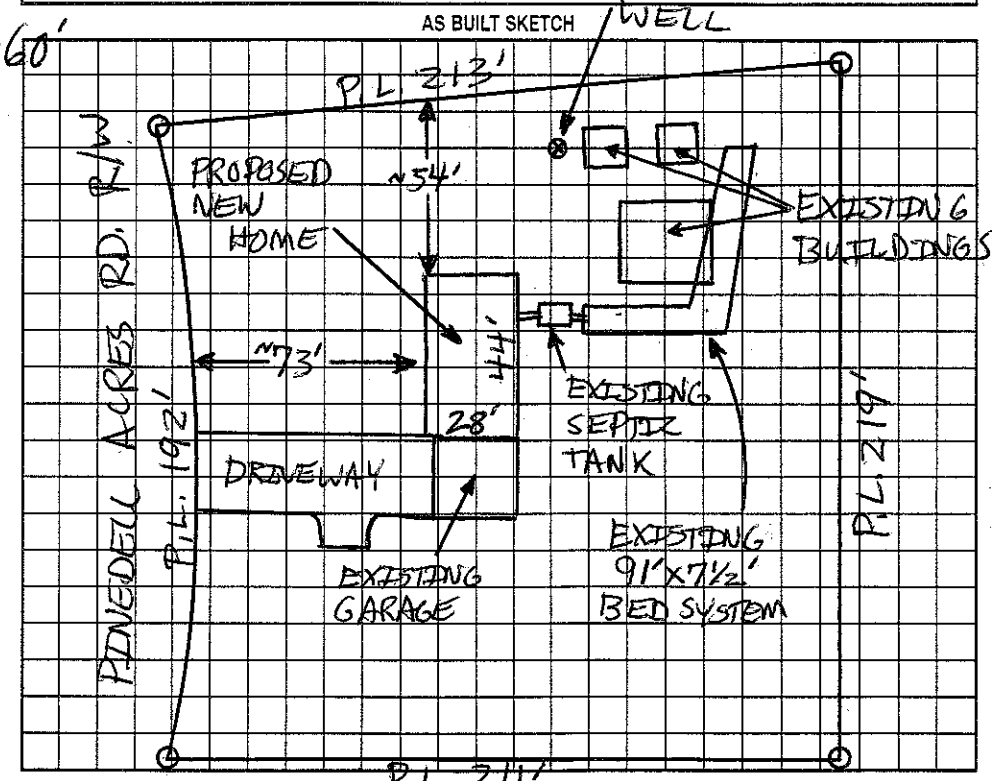
Comments:/Conditions:

EXISTING SYSTEM INSPECTION

INITIAL SITE SKETCH

*SCALE 1" = 60'

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.

X Signed: Carl Lindsey date 5/29/03

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Patrick Mitchell date 05/29/03

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