IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 4703868731 DATE 10-13-05

OWNER OR CONTRACTOR CHUCK PHILBECK PHONE: Business 704-872-6971 Home 704-872-9968

ADDRESS 130 WOODSIDE DR Statesville NC 28677

LOCATION 70 WEST, (L) HOLLMAN (R) WOODSIDE (R) AT BOX # 130

SUBDIVISION _____ BLOCK / SECTION _____ LOT 117 LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. EXISTING

Septic Tank: 1000 Gallons; STB 9-11-05 Date 312
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields / Square Feet / Linear Feet /
No Lines EXISTING Trench Width / Max Trench Bottom Depth / Gravel Depth /

☐ New System ☒ Repair System Type: I (II) III, IV, V, VI
System Description: REPLACE COLLAPSED TANK
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☐ No

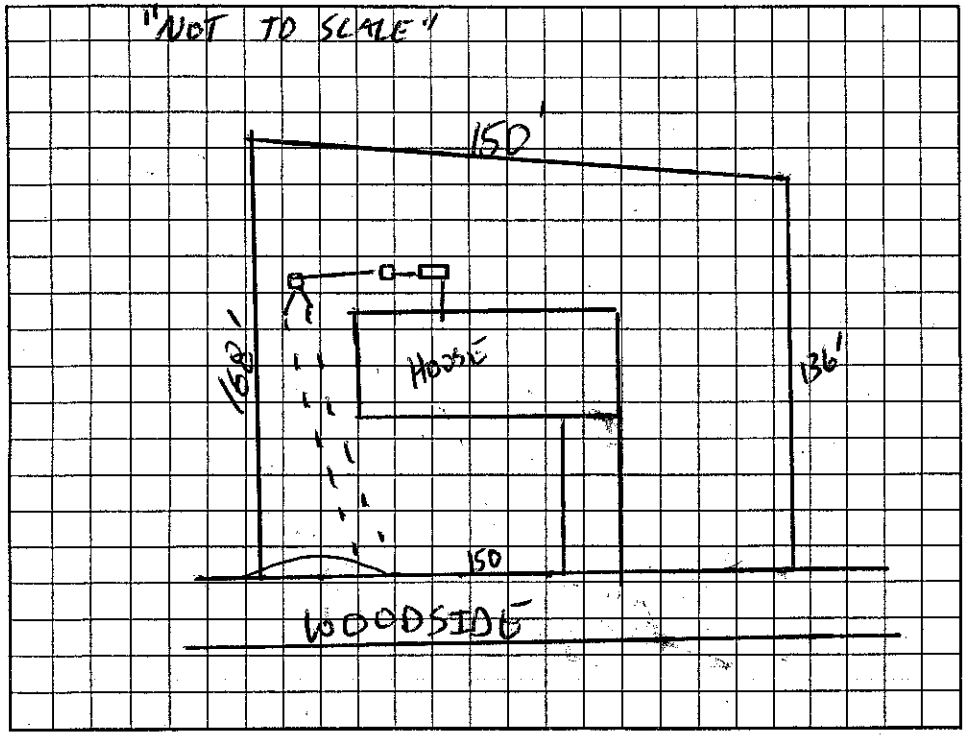
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

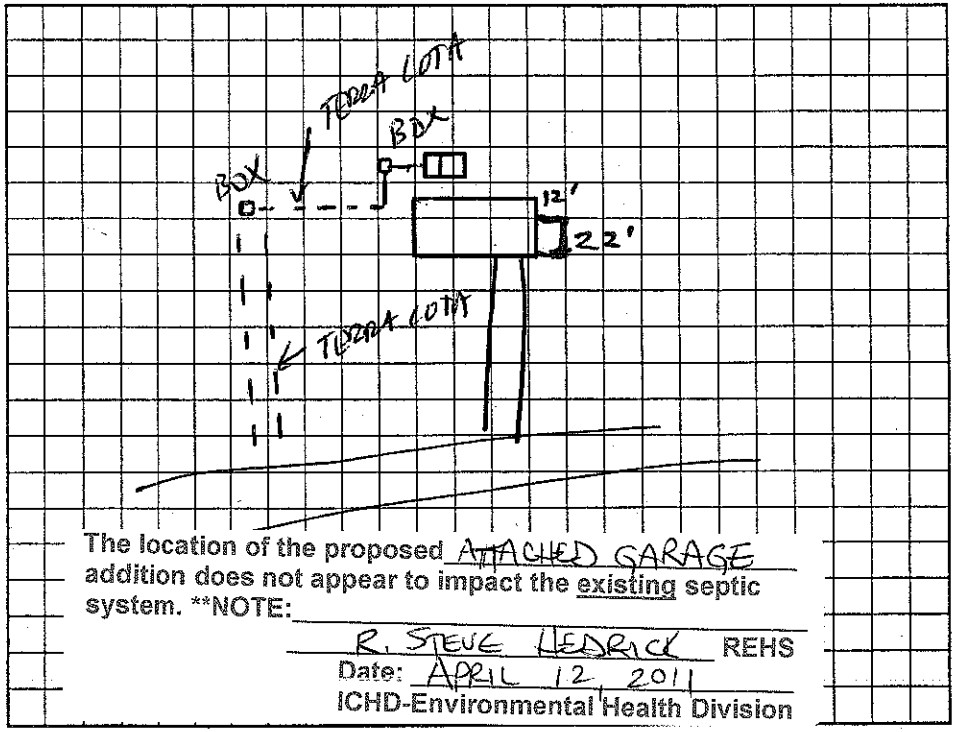
Comments:/Conditions: (1) REPLACED TANK WHERE OLD ONE COLLAPSED (2) PUMPED, FILLED & PLUGGED OLD TANK (3) THIS PERMIT SERVES AS NOTICE OF VIOLATION & MUST BE REPAIRED WITHIN 30 DAYS

Comments:/Conditions: POLY LOK Filter & MANHOLE

INITIAL SITE SKETCH



AS BUILT SKETCH



The location of the proposed ATTACHED GARAGE addition does not appear to impact the existing septic system. **NOTE:

R. STEVE HEDRICK REHS
Date: APRIL 12, 2011
ICHD-Environmental Health Division

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 10-13-05 Installed by: WES LYTTON

Improvement Permit by: _____ date 10-13-05 Operation Permit by: _____ date 10-14-05

Authorization to Construct by: _____ date 10-13-05 Existing System Inspection by: _____ date _____

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