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#

OWNER OR CONTRACTOR FRANCIS HARRIS PHONE: Business Home 872-4505 DATE 4-14-99

ADDRESS 199 PINEDELL ACRES DRIVE, STATESVILLE, NC

LOCATION I-40 W, TL OLD MTN RD, TR LEWIS FERRY RD, TL PINEDELL ACRES, AT END ON LEFT

SUBDIVISION BLOCK / SECTION LOT LOT AREA AMPLE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 300 Linear Feet 100

No Lines 1 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 24"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

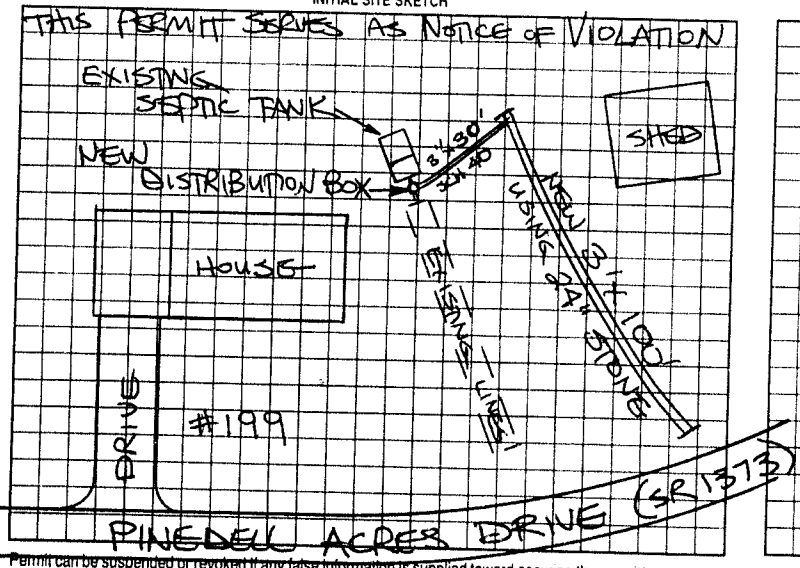
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

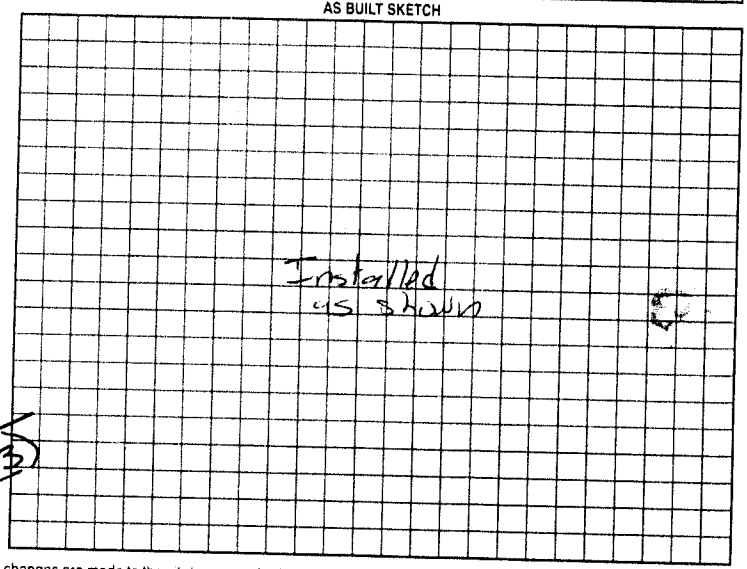
Comments/Conditions: ① INSTALL NEW DISTRIBUTION BOX AS SHALLOW AS POSSIBLE AT LOCATION SHOWN ② INSTALL NEW 3' X 100' LINE AS PLACED USING 24" STONE

Comments/Conditions: Existing Dist Box used

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: Dulais B. Harris date 4-14-99

Improvement Permit by: STEVE HEDRICK date 4-14-99

Authorization to Construct by: STEVE HEDRICK date 4-14-99

Installed by: Wes Lytton

Operation Permit by: Mary C. Ostby RS date 6-9-99

Existing System Inspection by: date

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