IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 116507 PIN# 4704-03-7578 DATE 1/14/04

OWNER OR CONTRACTOR Patricia Baldwin PHONE: Business (704) 872-2583 (work) Home (704) 872-8643

ADDRESS 123 Walnut Creek Drive Statesville, N.C. 28625

LOCATION I-40 W, (R) on Old Mtn Rd, Left on Island Ford Rd, (R) on Walnut Creek at end.

SUBDIVISION _____ BLOCK / SECTION — LOT — LOT AREA 2.63 Ac. SITE CLASS. P5 DESIGN FLOW 480 L.T.A.R. .30

Septic Tank: 1,000 Gallons; STB 794 Date 1-13-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 535
No Lines 7 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity, Conventional
Repair System Description: Pump, 25% Reduction
Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 4
☒ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other _____

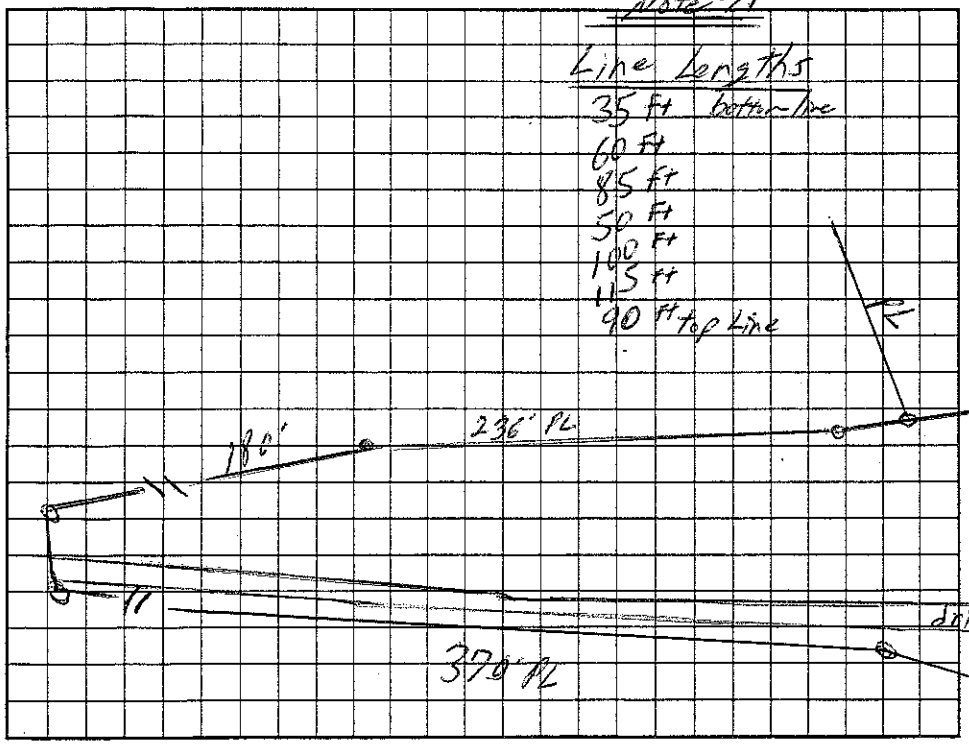
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

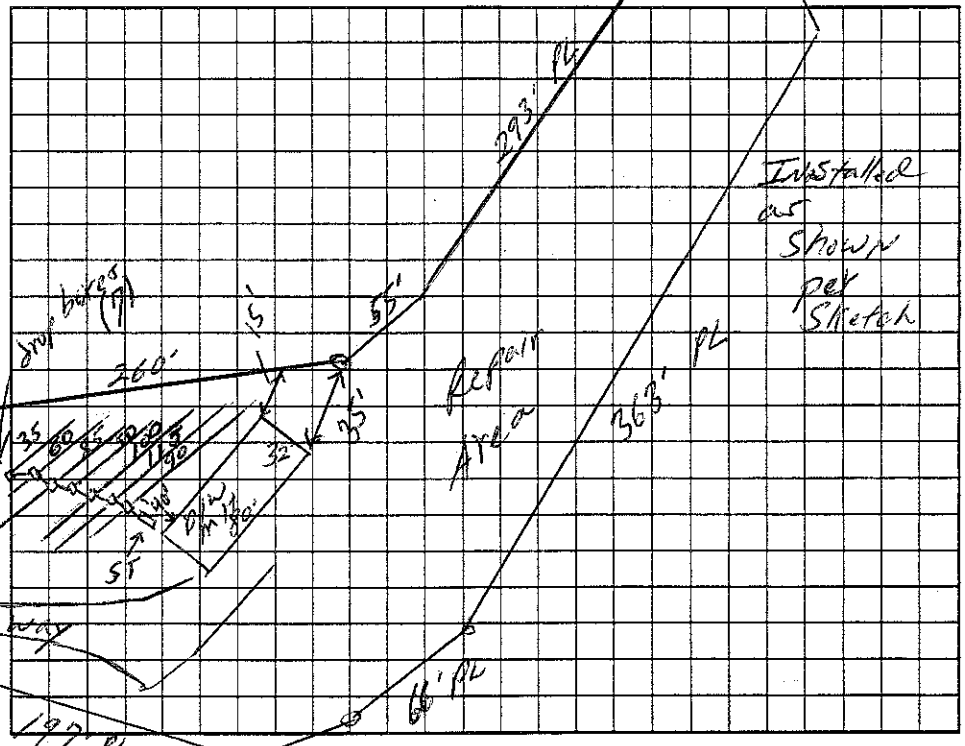
Comments:/Conditions: (1) Install lines on contour (2) maintain proper setbacks (3) See Note: A For line lengths

Comments:/Conditions:
- Zabel filter & S.T. marker Installed
- Septic lines Installed deeper than 36". 10-

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: Patricia M Baldwin date 1-15-04 Installed by: Bobs Backhoe

Improvement Permit by: William O. Johnson date 1/14/04 Operation Permit by: William O. Johnson date 3/15/04

Authorization to Construct by: William O. Johnson date 1/14/04 Existing System Inspection by: _____ date _____

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