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# 4704-55-3997 DATE 9-10-01

OWNER OR CONTRACTOR Chris R. Glover PHONE ~~Business~~ (704) 913-5616 Home (704) 922-7809

ADDRESS 109 Hi-Ola Trail Dallas N.C. 28034

LOCATION I-40 W, @ Old Mtn Rd, Corner of Island Ford Rd. (Next Fredell Grocery)

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA — SITE CLASS P5 DESIGN FLOW — L.T.A.R. —

Septic Tank: Existing Gallons: STB ____ Date ____

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No ____

Nitrification Field: No Fields 1 Square Feet ____ Linear Feet 120'

No Lines 3 Trench Width 36" Max Trench Bottom Depth ____

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

System Description: ____

Repair System Description: Rot System

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth 18" ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☒ Business No. Employees ____

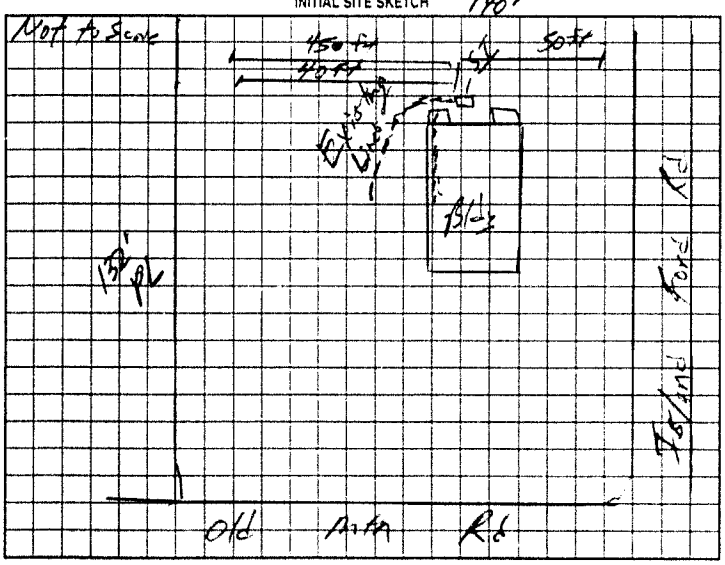
☐ Other ____

Water Supply: ☐ Individual ☒ Public ☐ Community

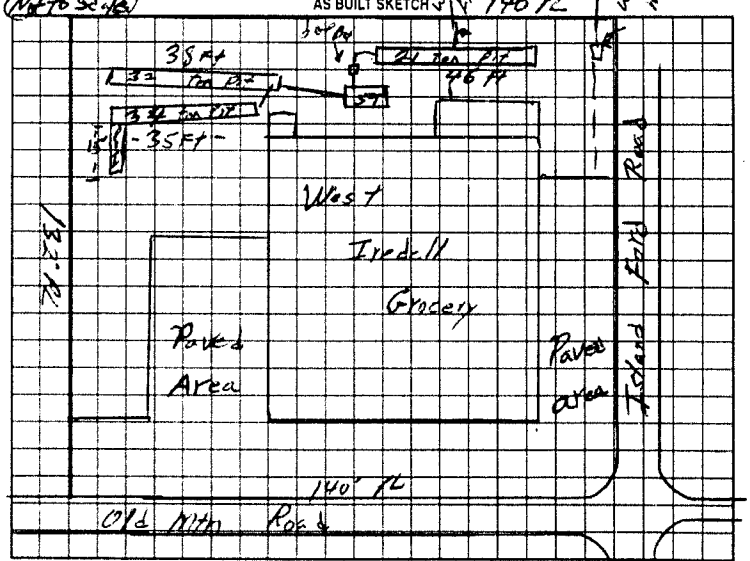
Comments/Conditions: (Could not locate any old permits or Repair)
(1) Install 135 Ft Lines @ 18" Gravel
Call Health Dept before Starting Repair

Comments/Conditions
2 Ton, 32 Ton + 32 Ton Rot System

INITIAL SITE SKETCH 140'



AS BUILT SKETCH (Not to Scale) 140 FL



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: [illegible] date ____ Installed by: Dennis Willis

Improvement Permit by: William E. Johnson date 9-7-01 Operation Permit by: William E. Johnson date 9-11-01

Authorization to Construct by: William E. Johnson date 9-7-01 Existing System Inspection by: ____ date ____

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