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# 4704-70-4731 DATE 3-25-04

OWNER OR CONTRACTOR RUSSELL CHAPMAN PHONE: Business Home 704-872-2977

ADDRESS 169 BEULAH ROAD STATESVILLE, NC 28677

LOCATION I-40 WEST, TL OLD MOUNTAIN ROAD, TR BEULAH ROAD, 5TH DWELLING ON LEFT AT #169

SUBDIVISION BLOCK / SECTION LOT LOT AREA 2.0 ACRES SITE CLASS PS 1 DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT2

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 ONE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 18"

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

System Description:

Repair System Description: CONVENTIONAL GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

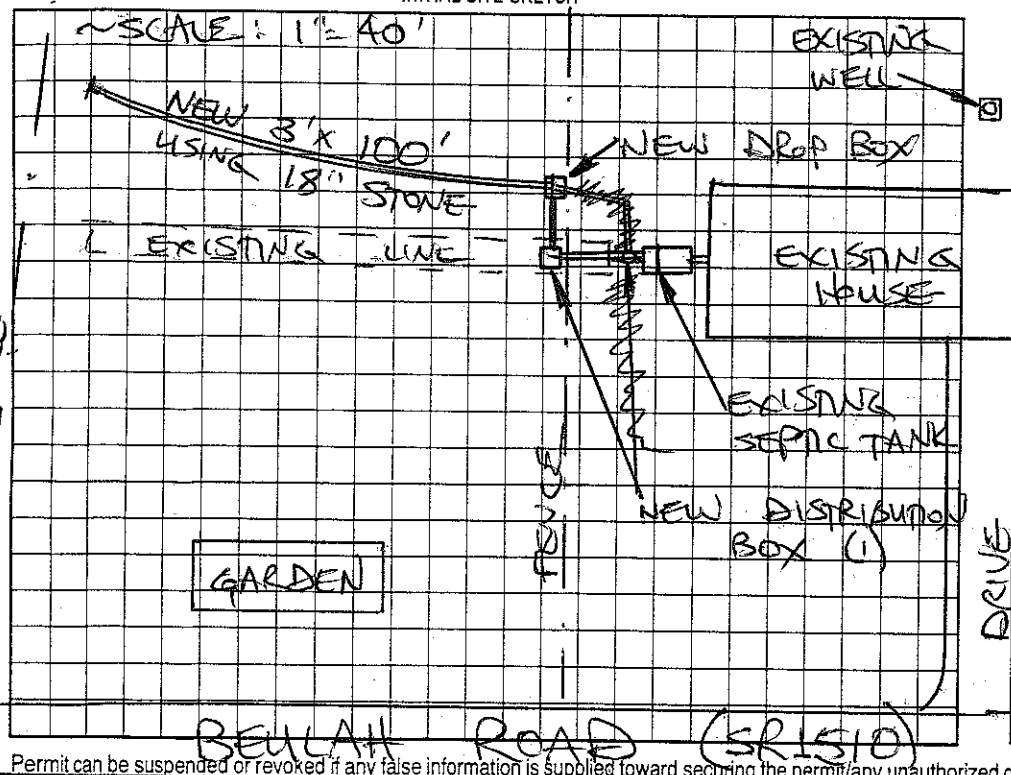
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

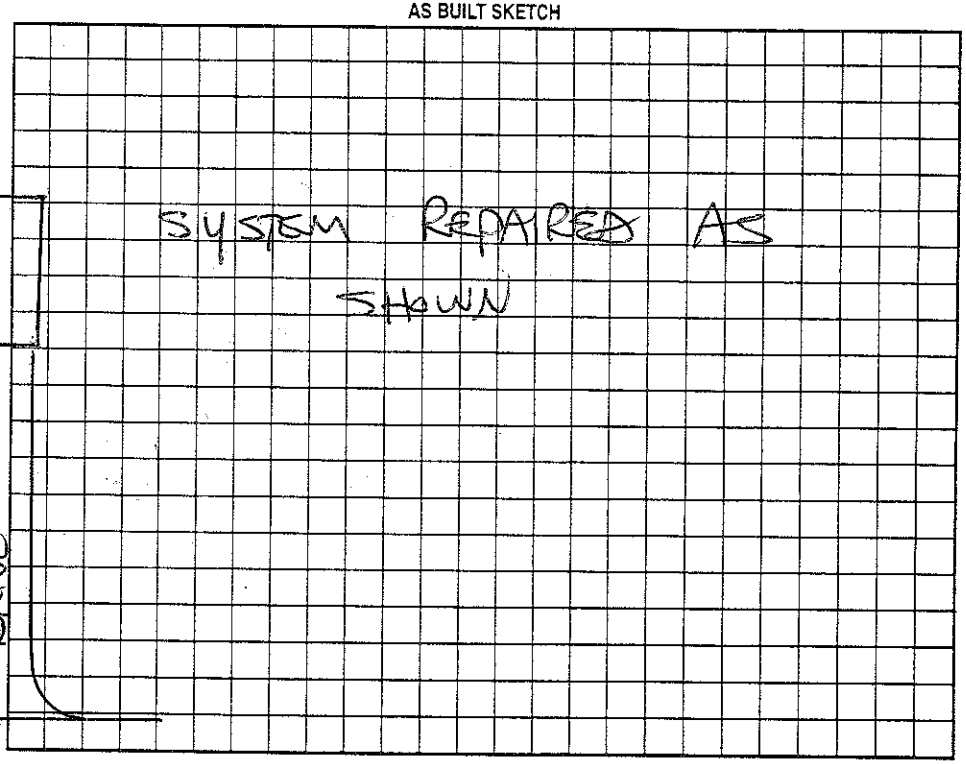
Comments:/Conditions: (1) INSTALL NEW SANITARY TEE IN SEPTIC TANK (2) INSTALL NEW DISTRIBUTION BOX AT LOCATION SHOWN (3) USE 18" STONE IN NEW 3' x 100' LINE

Comments:/Conditions:

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: X Russell Chapman date 3-25-04 Installed by: WES LYTTON

Improvement Permit by: STEVE HEDRICK date 3-25-04 Operation Permit by: STEVE HEDRICK date 6-8-04

Authorization to Construct by: STEVE HEDRICK date 3-25-04 Existing System Inspection by: date

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