IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 132952 PIN# 4704-71-4616 DATE 2-10-06

OWNER OR CONTRACTOR RICHARD ATKINS PHONE: Business 704-746-4586 Home 704-528-4606

ADDRESS 120 WATER TANK ROAD, STATESVILLE NC 28677

LOCATION I-40 WEST, TL OLD MOUNTAIN ROAD, TR WATER TANK ROAD, 2ND BUILDING ON ~~RIGHT~~ #120

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.857 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. EXISTING 0.6 GPD/FT²

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200

No Lines TWO Trench Width _____ Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONVENTIONAL, GRAVITY

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms _____

☐ Mobile Home No. Bathrooms _____

☑ Business/~~Restaurant~~ No. Employees _____

☐ Other ~~Restaurant~~ W/18 SEATS

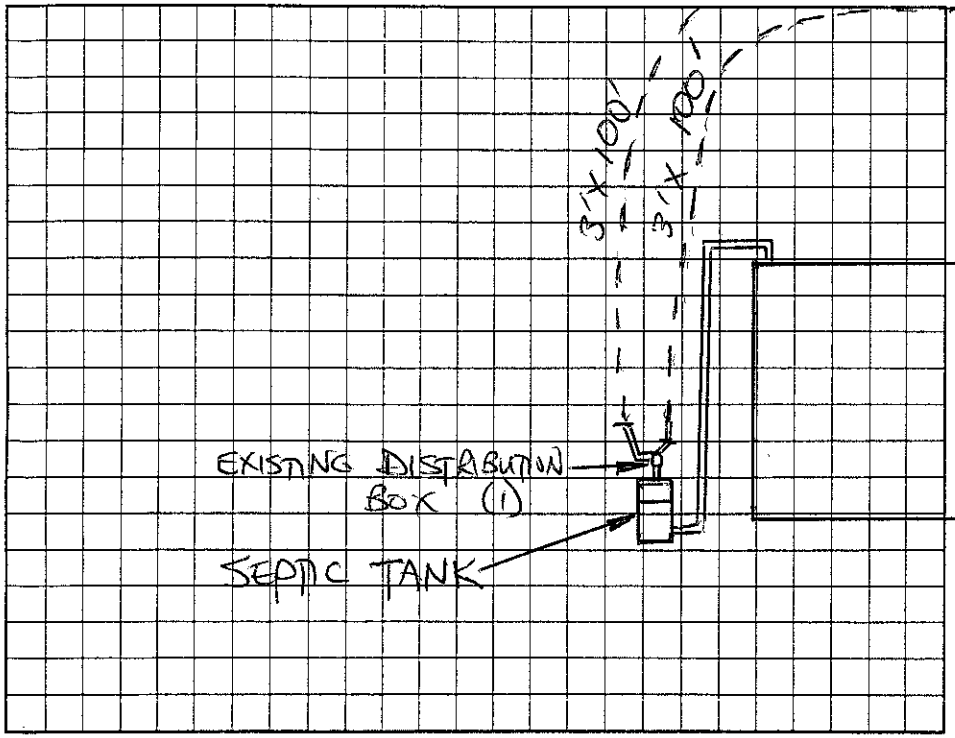
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

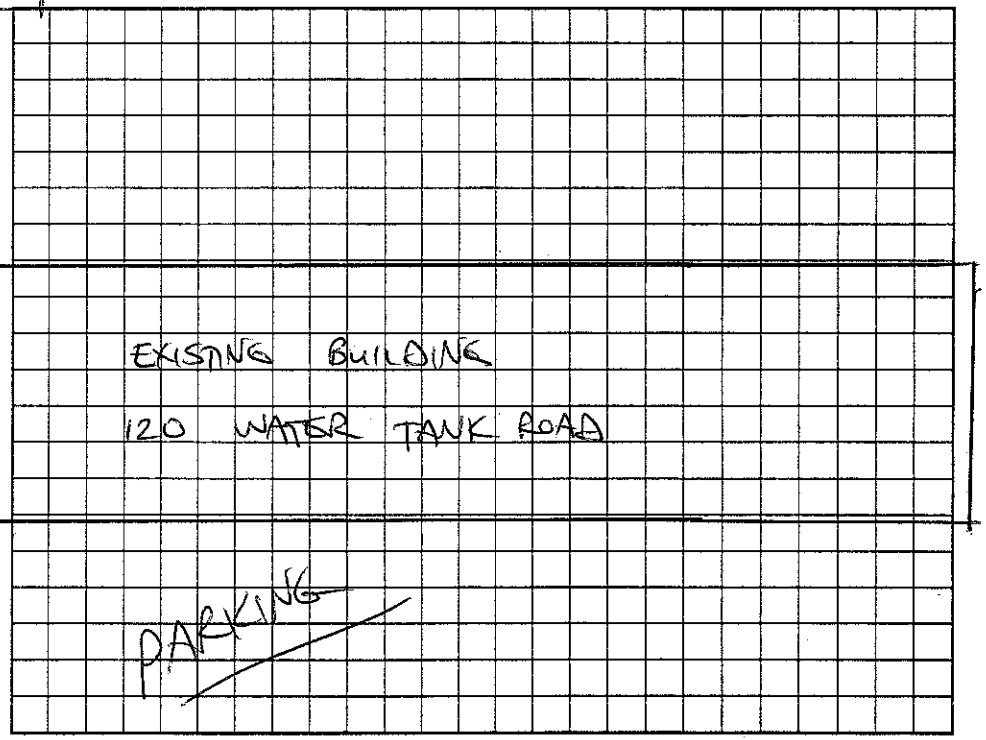
Comments:/Conditions:

Comments:/Conditions: SYSTEM SIZED BASED ON EXISTING SYSTEM AT 0.6 GPD/FT² (7/2/82) & 18 SEATS.

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: _____ date _____ Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: STEVE HERRICK date 2-10-06

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