IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 123349 PIN# 4705-20-5265.~~117~~ DATE 8-19-04

OWNER OR CONTRACTOR DAVID CHAPMAN PHONE: Business _____ Home (704) 871-0136

ADDRESS 106 STREETROD LOOP STATESVILLE 28625

LOCATION I-40W TR OMR GO 2 MILES TR STREETROD LP (117)

SUBDIVISION ~~CHAPMAN'S MHP~~ BLOCK / SECTION _____ LOT 5 LOT AREA 1.93 SITE CLASS. PS DESIGN FLOW 240 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 ____ Square Feet _____ Linear Feet EX.

No Lines 3 EX Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ 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 2

☑ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

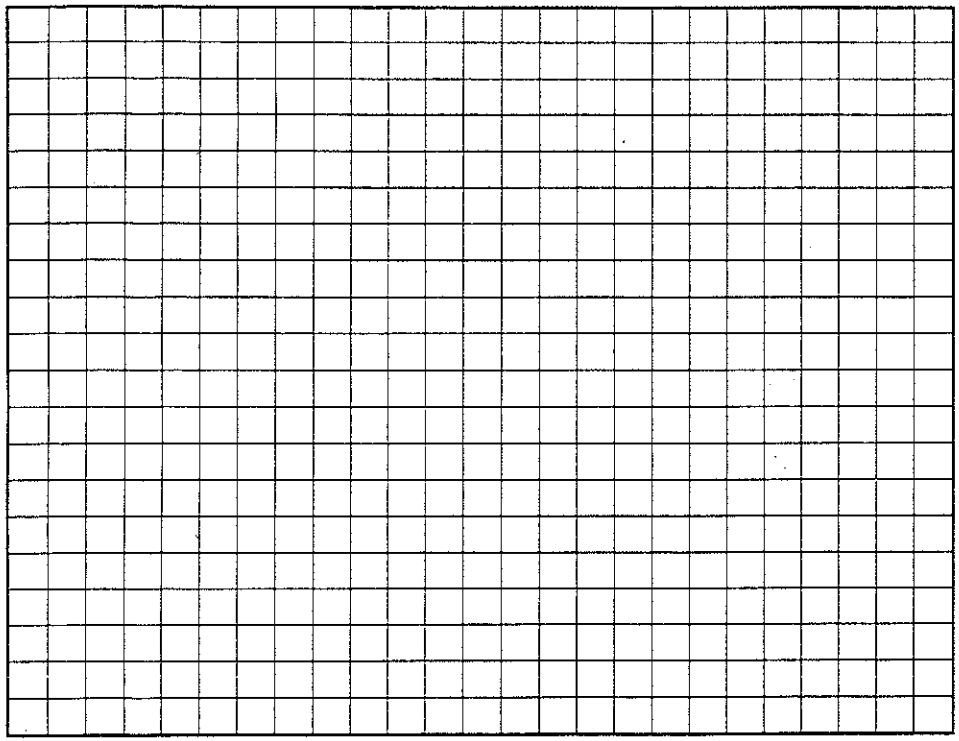
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

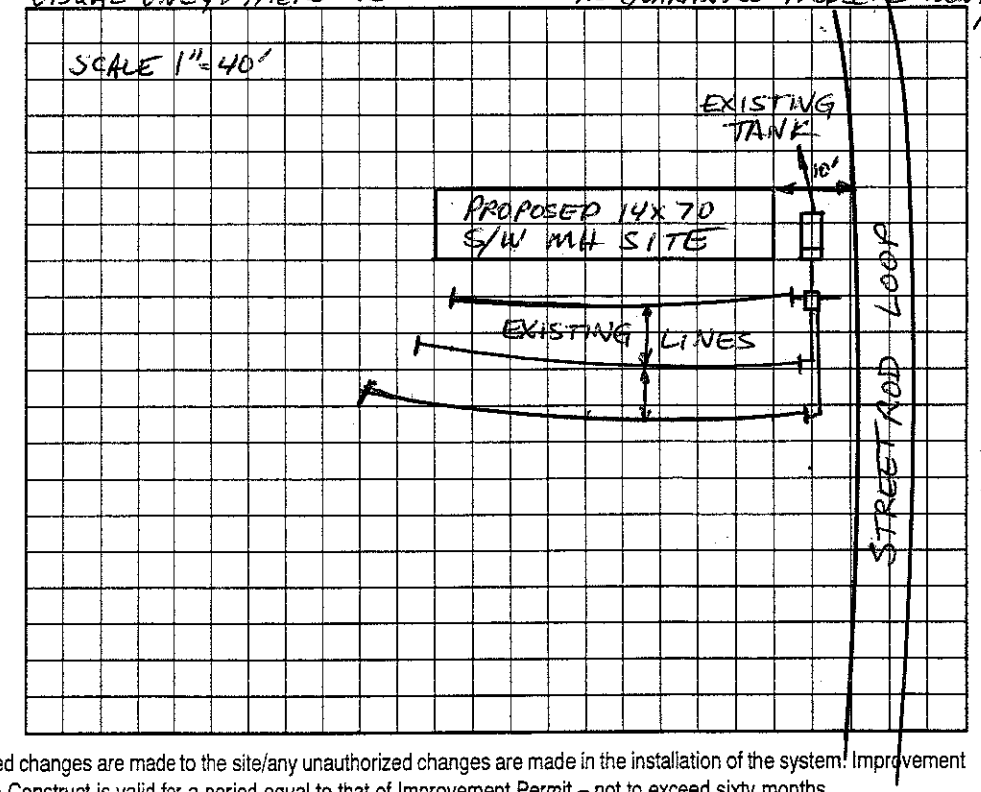
Water Supply:
☐ Individual
☐ Public
☑ Community

Comments:/Conditions:

Comments:/Conditions: ① SYSTEM ON SITE & ALL OTHER SYSTEMS IN MHP FUNCTIONING PROPERLY ② PERMISSION TO REMOVE OLD MH AND REPLACE IT W/ NEW 2-BR MH ③ NEW STRUCTURE SHALL NOT INCREASE NO. OF BEDROOMS ON SYSTEM ④ THIS INSPECTION IS VISUAL ONLY. THERE IS ~~AS-BUILT CHECK~~ NO GUARANTEE PROBLEMS WONT ARISE IN FUTURE

INITIAL SITE 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: Dan M Chapman date 7-25-05

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: KENNETH CHAFFIN

Operation Permit by: _____ date _____

Existing System Inspection by: _____ date 7-22-05

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

RS, LSS