IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 (1)

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

PERMIT# 144328 PIN# 4705-38-7330 6690 DATE 8-9-06

OWNER OR APPLICANT CHANG MOUA PHONE: Business 704-902-9192 Home 704-838-0720

ADDRESS 111 TANGENT DRIVE STATESVILLE NC 28625

LOCATION US 64 W TL LIPPARD FARM RD, TR HAPPY ACRES, TL TRAILWAY, BEAR LEFT TO TANGENT, HOUSE ON (L)

SUBDIVISION CASA GRANDA BLOCK / SECTION II LOT 2 LOT AREA 9 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.20 GPD/FT

Septic Tank: 1000 Gallons; STB 1012 Date 7-27-01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet EQ-10 1800 Linear Feet 450
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 24"

☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% REDUCTION GRANTED
Repair System Description: Low-Pressure Pipe
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth N/A ☒ Gravity ☐ Pressure ☒ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons ____ No. Employees ____

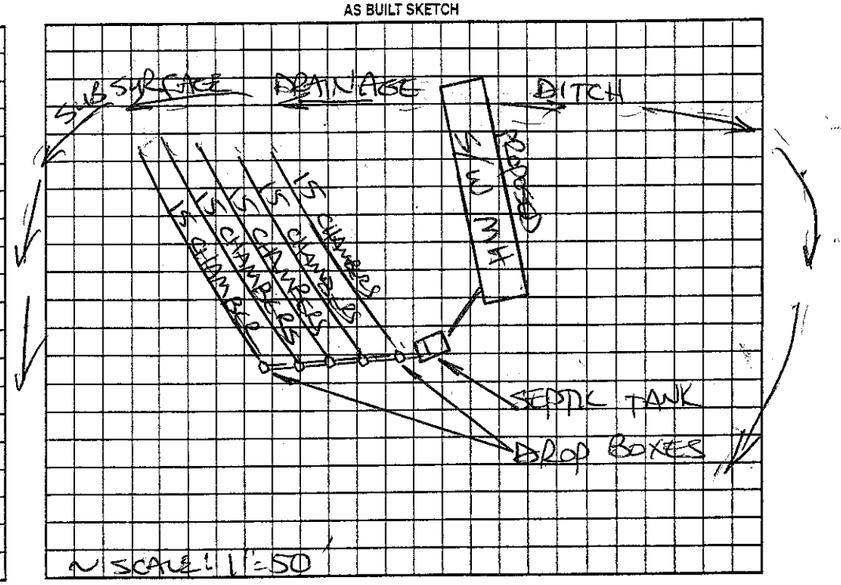
Water Supply: ☒ Individual ☐ Public ☐ Community WELL

Comments:/Conditions:

Comments:/Conditions: KEEP MH MINIMUM 5' FROM SYSTEM

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 _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: STEVE HEDRICK date 8-9-06

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