IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 4705-63-4028 DATE 2-15-06

OWNER OR CONTRACTOR DAVID L. MILLSAPS PHONE: Business 704-873-1331 Home 704-902-4532

ADDRESS 1124 RADIO ROAD STATESVILLE NC 28677

LOCATION US64 WEST, TL LIPPARD FARM ROAD, TL MASSEY DEAL ROAD, 2ND DRIVE ON RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 4.51 ACRES SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. 0.30 GPD/FT

Septic Tank EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EQ. TO 840 Linear Feet 280

No Lines TWO Trench Width 36" Max Trench Bottom Depth 36" +/- Gravel Depth N/A

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

System Description: _____

Repair System Description: 25% REDUCTION, GRAVITY

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 5

☑ Mobile Home x 2 No. Bathrooms _____

☐ Business No. Employees _____

☐ Other _____

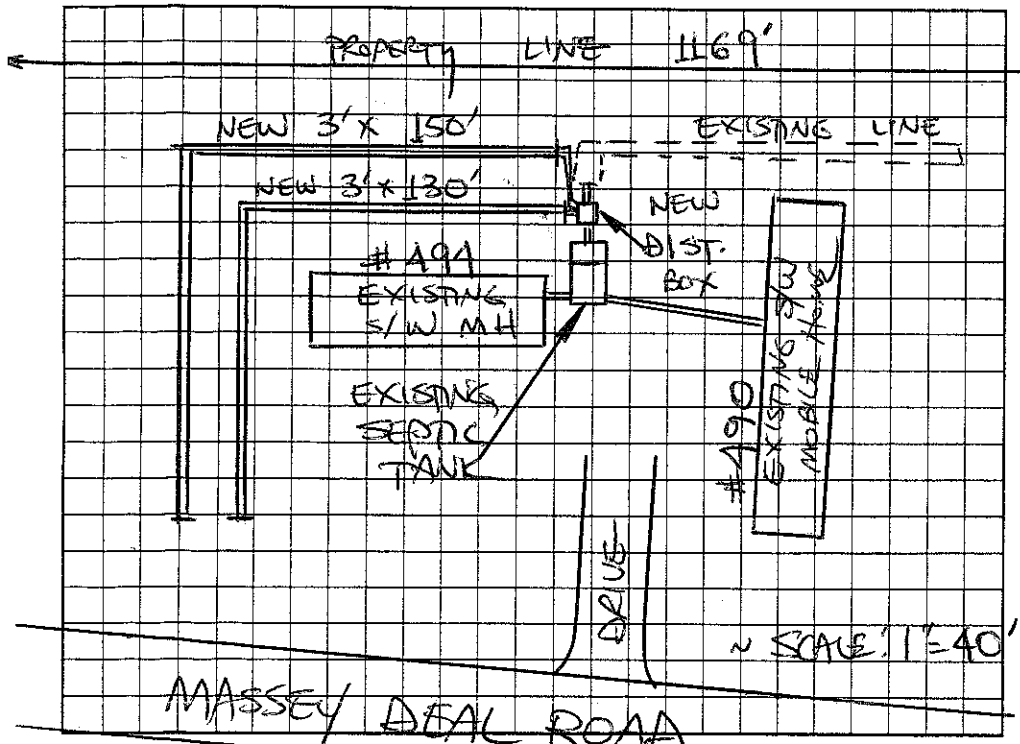
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☑ Public
☐ Community

Comments:/Conditions: ① INSTALL NEW SANITARY TEE IN TANK IF NECESSARY. ② INSTALL NEW DISTRIBUTION BOX (1) IF NECESSARY AS SHALLOW AS POSSIBLE ③ INSTALL NEW 25% REDUCTION SYSTEM AS SHALLOW AS POSSIBLE.

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: _____ date 2/17/06 Installed by: Kenny Madison

Improvement Permit by: STEVE HEDRICK date 2-15-06 Operation Permit by: James _____ date 3-9-06

Authorization to Construct by: STEVE HEDRICK date 2-15-06 Existing System Inspection by: _____ date _____

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