IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # L57629 PIN # 4706087917 DATE 8-5-09

OWNER or APPLICANT Christopher DAVIDSON PHONE: Business 704-528-6192 Home: 704-363-2634

OWNER or APPLICANT ADDRESS PO-5602 Statesville 28677

LOCATION / DIRECTIONS 64 W (TR) E. Lackey Statesville # 472

SUBDIVISION BLOCK / SECTION LOT # 60 LOT AREA .91 DESIGN FLOW 360 L.T.A.R. EXIST

Septic Tank Exist/Exist Gallons: STB Date

Pump Tank Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields 2 No Lines Exist Linear Feet Exist

Trench Width Exist Max. Trench Bottom Depth Exist Gravel Depth Exist ☒ GRAVITY ☐ PRESSURE

~~New System~~ ☐ Repair ☐ Expansion System Type I II III IV V VI

System Description:

Repair System Description:

Maintenance Agreement Required ☐ YES ☐ NO

☒ Residence No. Bedrooms 3

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

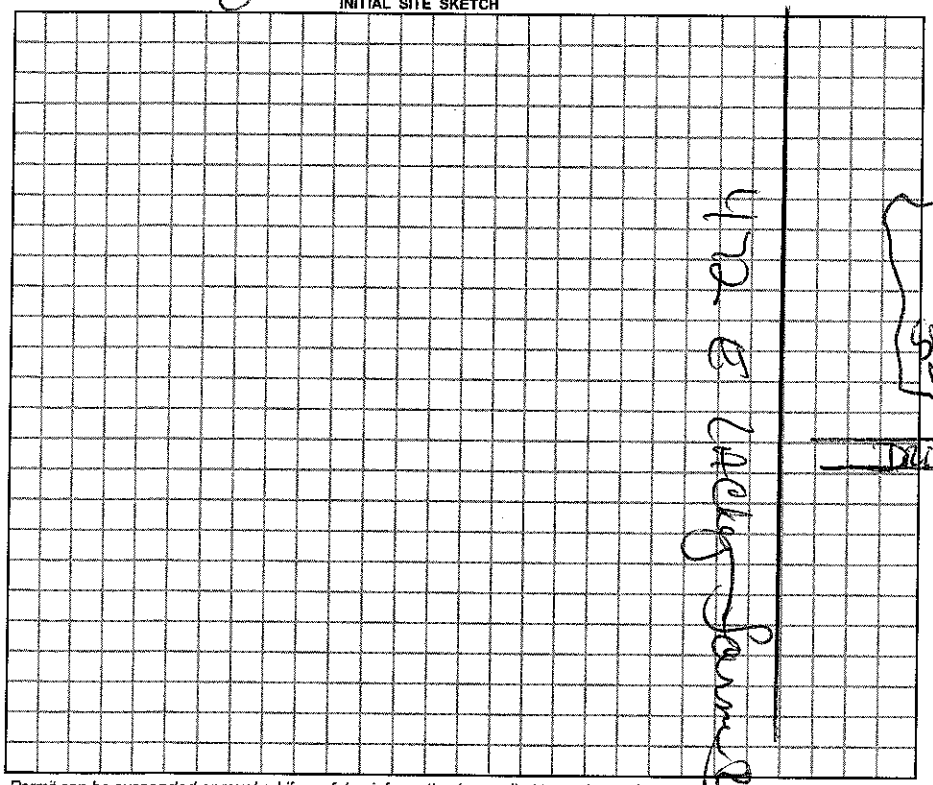
Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions

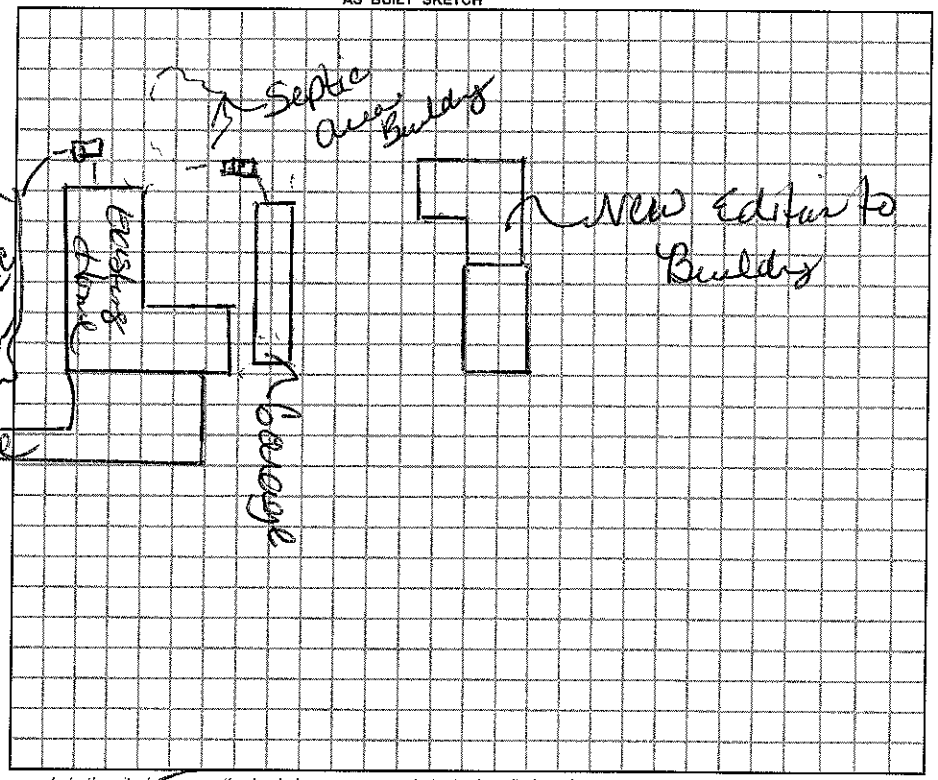
Septic was not failing at time of inspection

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 w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: Date

Improvement Permit by: Date

Authorization to Construct by: Date

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by:

Operation Permit by: Date:

Existing System Inspected by: Date: 8-5-09

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant