IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094019 PIN# 4706 42 7226 DATE 2/1/01

OWNER OR CONTRACTOR CARRIE DYE CARSON PHONE: Business _____ Home (704) 872-0179

ADDRESS 168 ODELL RD. STATESVILLE, NC 28625

LOCATION HWY 90 © ODELL RD., ON ®

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA .64 SITE CLASS _____ DESIGN FLOW 360GPD L.T.A.R. _____

Septic Tank: EXT. 1000 Gallons; STB _____ Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____
No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I. II. III. IV. V. VI
System Description: EXISTING CONVENTIONAL
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☐ No

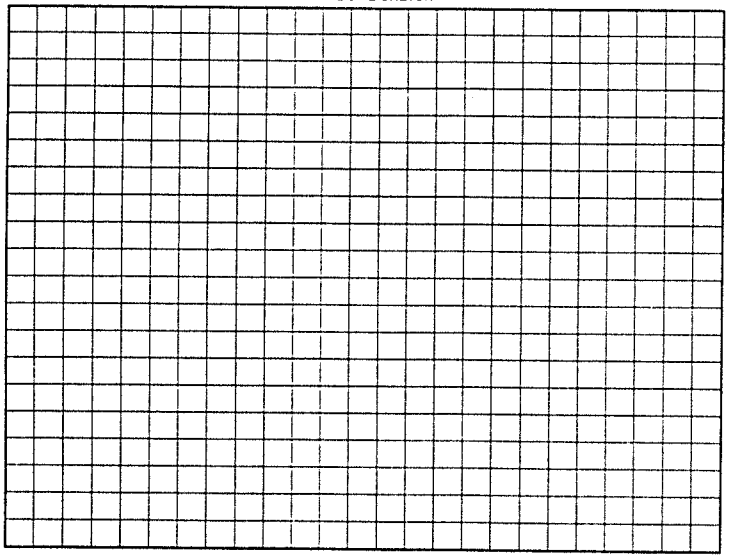
☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other _____
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

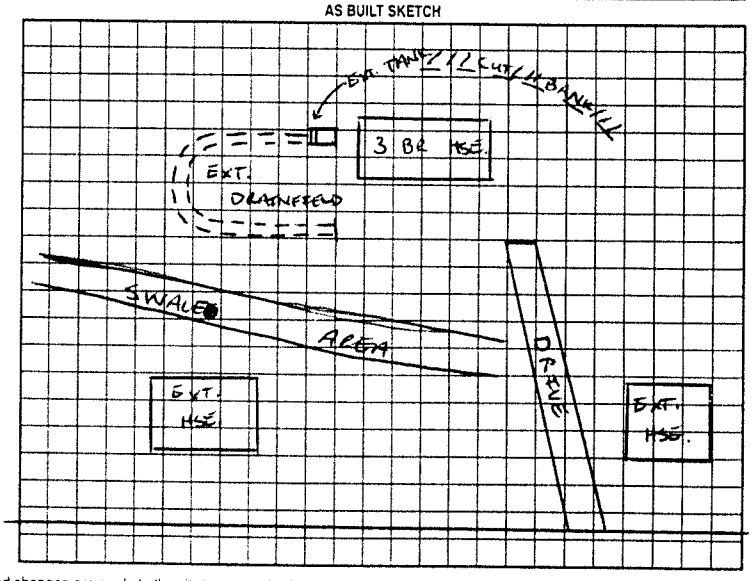
Comments/Conditions:

Comments/Conditions: ① NO CUTTING OR FILLING OVER DRAINFIELD AREAS ② KEEP ALL DRAINS AWAY FROM DRAINFIELD AREAS ③ PUMP SEPTIC TANK EVERY 3-5 YRS.

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: Tracy Shinn date 2/1/01

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