IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# Repair DATE 7-14-99

OWNER OR CONTRACTOR James C Douglas PHONE: Business _____ Home 585-2562

ADDRESS 161 Liberty Hill Statesville NC

LOCATION 115N TL Midway TR Liberty Hill 1st on Left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ DESIGN FLOW 480 L.T.A.R. _____

Septic Tank: 1000Gal Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 240

No Lines 3 Trench Width 36in Max Trench Bottom Depth 36in Gravel Depth 18in

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

System Description: _____

Repair System Description: Gravity Conventional

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

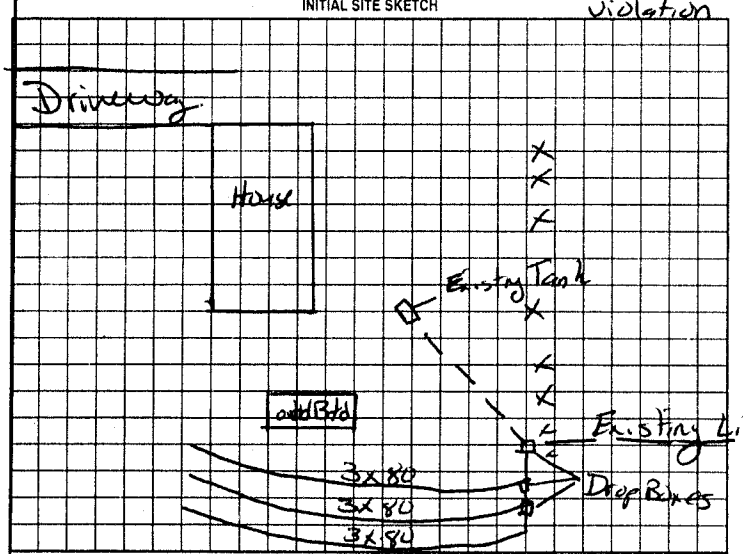
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

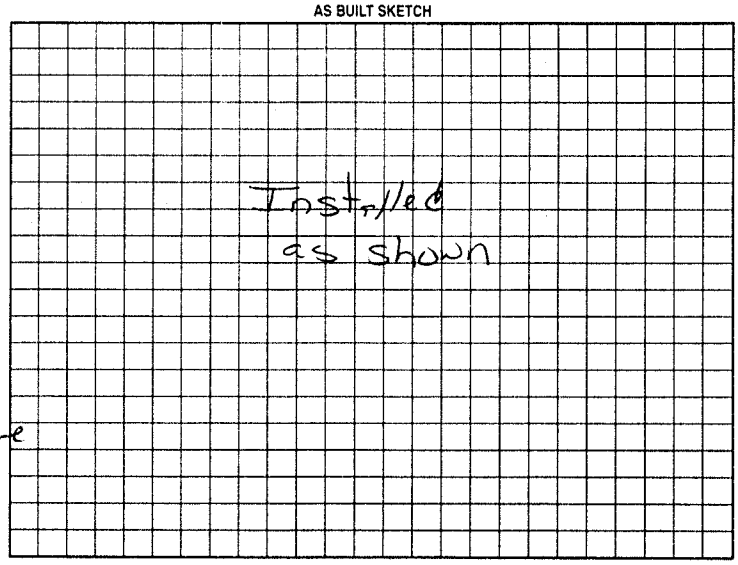
Comments/Conditions: ① Install 3 lines on contour ② Table tie into existing line @ fence. use 18"+ stone if old line no good. run solid sch 40 from Tank. This permit serves as Notice of Violation

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: James C Douglas date 7-14-99

Improvement Permit by: Mary C Ott RS date 7-14-99

Authorization to Construct by: Mary C Ott RS date 7-14-99

Installed by: James Hudler

Operation Permit by: Mary C Ott RS date 7-21-99

Existing System Inspection by: _____ date _____

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