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# 4710664907

OWNER OR APPLICANT William Fuller Jr. PHONE: Business 704-380-2153 Home 704-924-6382 DATE 8-25-08

ADDRESS 247 Spring Shore Rd Statesville NC 28677

LOCATION EAST MARIO WEST @ Pinaville @ Spring Shore LOT # 247 ON LEFT AT BOX # 247

SUBDIVISION Spring Shore BLOCK / SECTION ____ LOT 31 LOT AREA ____ SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: 1000 Gallons; STB 794 Date 8-2407

Pump Tank: ____ Gallons; P.T. ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields ____ Square Feet ____ Linear Feet EXISTING

No Lines ____ Trench Width ____ Max Trench Bottom Depth ____ Gravel Depth ____

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

System Description: NEW TANK + D BOX

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ____

No. Bedrooms 3 No. Persons ____ No. Employees ____

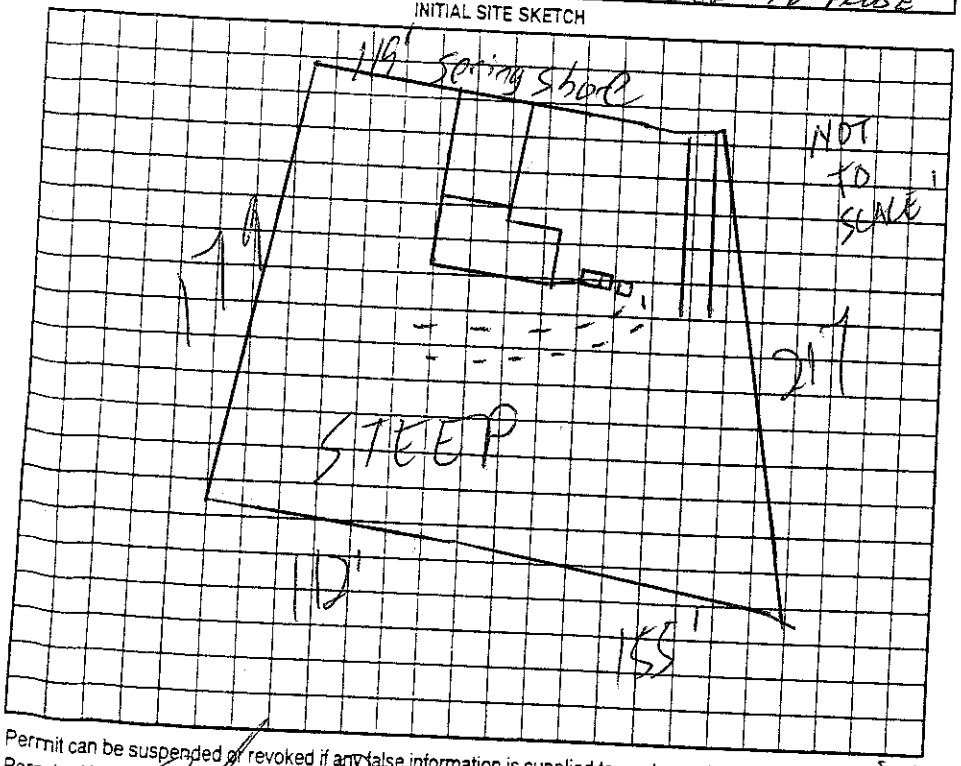
Water Supply: ☐ Individual ☐ Public ☐ Community

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

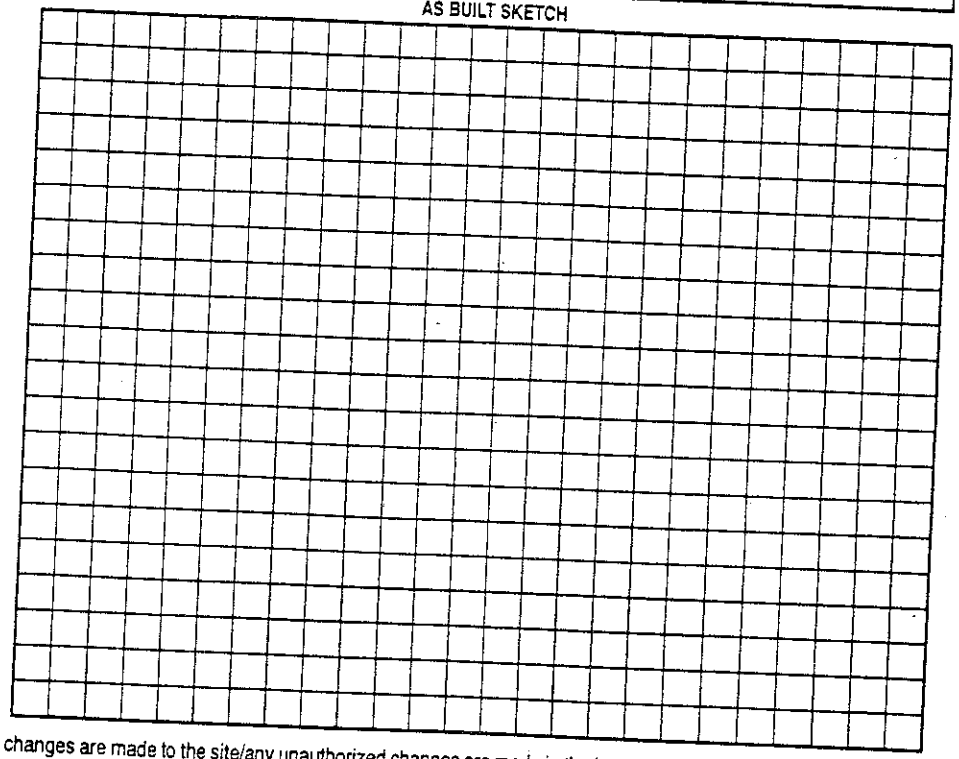
Comments:/Conditions: ① NEW TANK & DISTRIBUTION BOX INSTALLED FOR COLLAPSED TANK & DETERIORATED D BOX. TANK SET IN SAME LOCATION. ② OLD SYSTEM TO BE USED TO REPAIR

Comments:/Conditions: ① Appears to be an older bed system. ② TANK HAD Higher Than old tank AND D-BOX IS DEEP (Like Drainfield.

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 8/25/08

Improvement Permit by: ____ date 8/25/08

Authorization to Construct by: ____ date 8/25/08

Installed by: RICHARD ASBURY

Operation Permit by: ____ date 8/25/08

Existing System Inspection by: ____ date ____

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