# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 089182 PIN# 4711466289 DATE 4-19-00

OWNER OR CONTRACTOR GARY BOST PHONE: Business _____ Home 528-3144

ADDRESS 115 SAGEBRUSH ROAD, STATESVILLE, NC 28677

LOCATION BUFFALO SHOALS RD, TL LONG BRANCH, TR SAGEBRUSH, 2ND LOT ON LEFT

SUBDIVISION W.R. KALE BLOCK / SECTION _____ LOT 45 LOT AREA 0.5 ACRE SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.3400 FT²

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: 1000 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 80 TO 1600 Linear Feet ~400

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" ~~Gravel~~ Depth SAND 6'

☑ New System ☐ Repair System Type: I. II. III. IV. V. VI

System Description: 25% REDUCTION, PUMP

Repair System Description: 50% REDUCTION PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

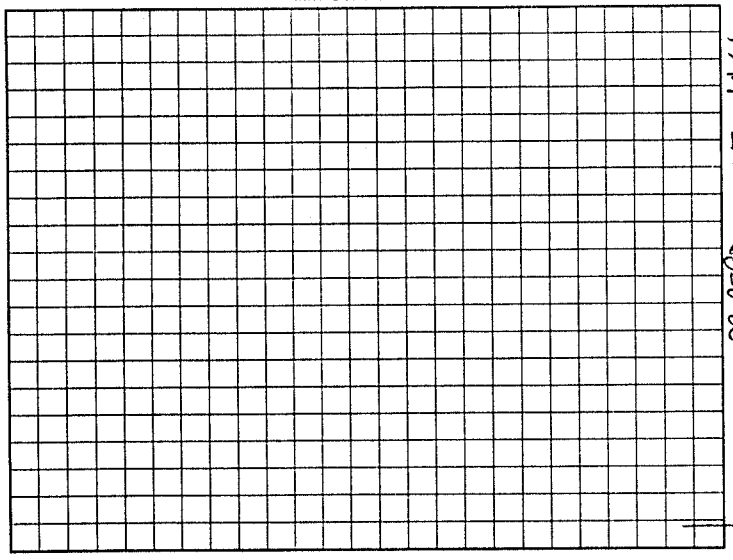
No. Bedrooms 2 No. Bathrooms 2 No. Employees _____

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

Water Supply: ☐ Individual ☐ Public ☐ Community

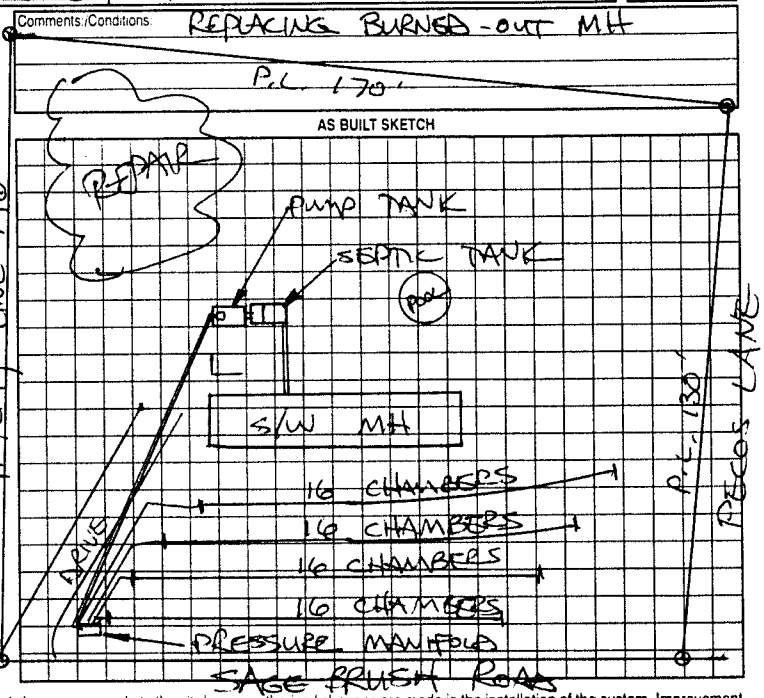
Comments:/Conditions:

INITIAL SITE SKETCH



Comments:/Conditions: REPLACING BURNED-OUT MH

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 _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: STEVE HENDRICK date 4-19-00

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