IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# 4713-44-7103 DATE 8-3-05

OWNER OR CONTRACTOR EVA HOUSTON PHONE: Business 704-878-3597 Home _____

ADDRESS 141 CELESTE EUFOLA STATESVILLE NC 28677

LOCATION 40 WEST (L) OLD MTN RD (R) CELESTE EUFOLA (L) AT BX #141

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

Septic Tank: EXISTING Gallons; STB _____ Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet EXISTING Linear Feet _____
No Lines 2 Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☒ Repair System Type: I, II, III, IV, V, VI
System Description: CONV GRAV / BOX / LEVELERS
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☒ No

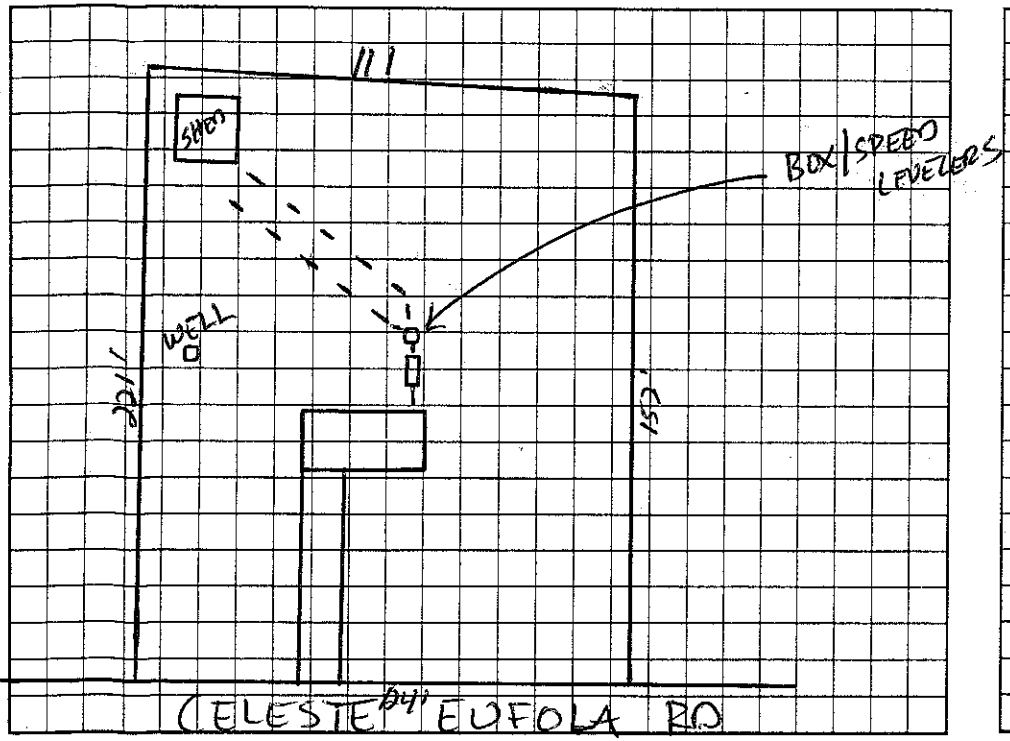
☒ House/Mod. Home No. Bedrooms ___
☐ Mobile Home No. Bathrooms ___
☐ Business No. Employees ___
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: ① INSTALL NEW BOX / SPEED LEVELERS. ONLY ONE LINE FAILING. OTHER IS DRY ② THIS PERMIT SERVES AS NOTICE OF VIOLATION AND MUST BE REPAIRED WITHIN 30 DAYS.

Comments:/Conditions: TEE IN TANK IS GOOD. * SET NEW BOX WITH SPEED LEVELERS FEEDING DRY LINE FIRST. OLD BOX CORRODED & @ ALL EFFLUENT WAS GOING TO FIRST LINE THAT WAS FAILING. NEW BOX INSTALLED BECAUSE OF THIS.

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 8-3-05 Installed by: ESICOR EVA

Improvement Permit by: _____ date 8-3-05 Operation Permit by: _____ date 8-4-05

Authorization to Construct by: _____ date 8-3-05 Existing System Inspection by: _____ date _____

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