IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101658 PIN# 4713760102 881-0384 DATE 8-10-2001

OWNER OR CONTRACTOR Patti Haney PHONE: Business 437-2845 Home 871-2877

ADDRESS 499 Bethlehem Rd Statesville NC 28677

LOCATION Old Mountain Rd TL Bethlehem ~ 1/2 mile ps on Rt.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS PS DESIGN FLOW 240gpd 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 3 Trench Width Existing Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Existing Gravity Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 2

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees ___

☐ Other _____

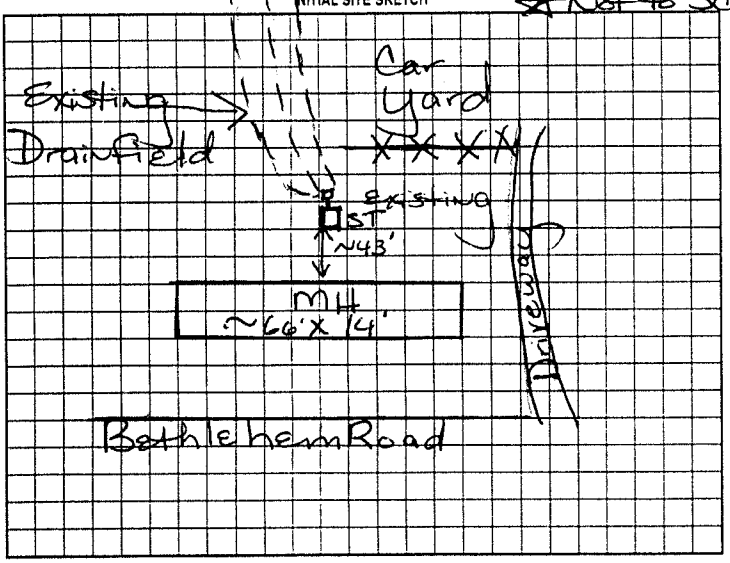
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual Shared ☐ Public ☐ Community

Comments/Conditions: Existing Septic System appears to be functioning Okay at time of inspection. Permitted for 2 Bedrooms

Comments/Conditions: Note: Owner informed to keep vegetation cut down over drainfield.

INITIAL SITE SKETCH ★ Not to Scale



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: X Owner / Owner's Agent date _____ Installed by: _____

Improvement Permit by: Myriah H. Dotson R.S. date 8/10/2001 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Myriah H. Dotson R.S. date 8/10/2001

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