IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 081938 PIN# 4714879181 DATE 6-15-99

OWNER OR CONTRACTOR Michael L. Crafton PHONE: Business Home

ADDRESS POBox 5323, Statesville

LOCATION 591 Island Ford Rd SW TL Flandford cross bridge lot on (L)

SUBDIVISION BLOCK / SECTION LOT LOT AREA 3.04 SITE CLASS. DESIGN FLOW 240 L.T.A.R.

Septic Tank: Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No

Nitrification Field: No Fields Square Feet Linear Feet 250ft

No Lines Trench Width Max Trench Bottom Depth Gravel Depth

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

System Description:

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 2

☒ Mobile Home No. Bathrooms 1

☐ Business No. Employees

☐ Other

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

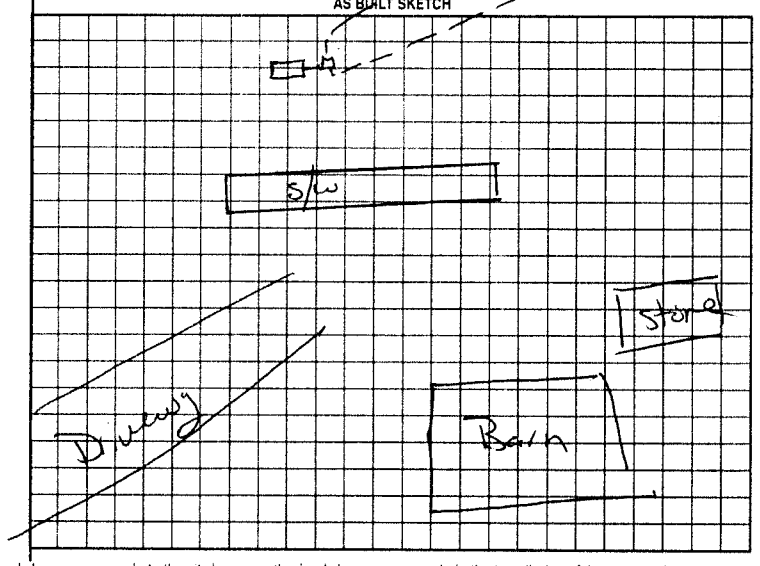
Water Supply:
☒ Individual
☐ Public
☐ Community

Comments/Conditions:

Comments/Conditions:
Existing System check

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

Improvement Permit by: date

Authorization to Construct by: date

Installed by:

Operation Permit by: date

Existing System Inspection by: Mark Craft RS date 6-15-99

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