IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122657 PIN# 4716-65-6911 DATE 7-20-04

OWNER OR CONTRACTOR RANDY L. BOLEY PHONE: Business (704) 873-1600 Home (704) 872-4637

ADDRESS 140 SHANNA LN. STATESVILLE NC 28625

LOCATION 115N (L) SCOTTS CREEK RD (R) SHANNA ON LEFT (134 SHANNA LN)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA .49 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. EX.

Septic Tank: EX Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet EX

No Lines EX Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth EX

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

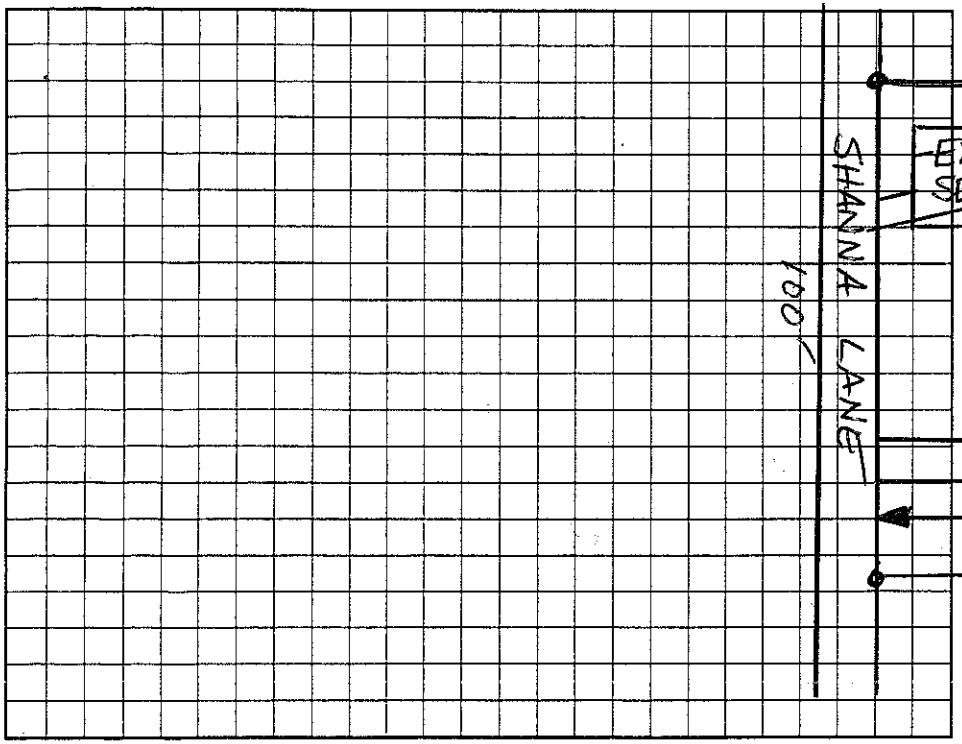
☐ Other _____

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

Water Supply: ☑ Individual ☐ Public ☐ Community

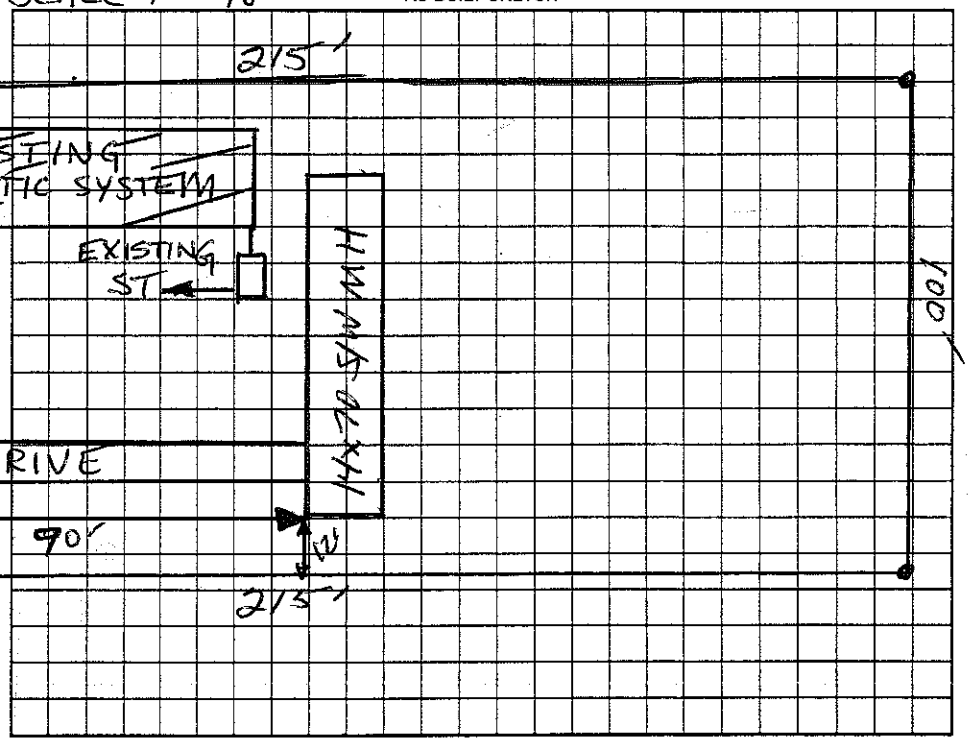
Comments/Conditions: (1) SYSTEM FUNCTIONING PROPERLY AT TIME OF INSPECTION (2) PERMISSION TO CONNECT PROPOSED STRUCTURE TO EXISTING SYSTEM (3) NEW STRUCTURE SHALL BE REMOVED AND NOT INCREASED THE NUMBER OF BEDROOMS ON SYSTEM (4) THIS INSPECTION IS VISUAL ONLY AND NO GUARANTEE PROBLEMS WON'T ARISE IN FUTURE.

INITIAL SITE SKETCH



SCALE 1" = 40'

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: [signature] date 8-5-04

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: [signature] date 7-20-04

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