IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# _____ DATE 4/9/01

OWNER OR CONTRACTOR TONY CALDWELL PHONE: Business (704) 523 - 3510 Home _____

ADDRESS 220 ORVILLE LN. STATESVILLE, NC 28677

LOCATION BUFFALO SHOALS RD. (L) OLD MTN. RD. (R) ORVILLE LN. TO END.

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 1 Square Feet 600 Linear Feet 200'
No Lines 2 Trench Width 3 Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☑ Repair System Type: I (II) III IV V VI
System Description: _____
Repair System Description: CONVENTIONAL
Maintenance Agreement Required: ☐ Yes ☐ No

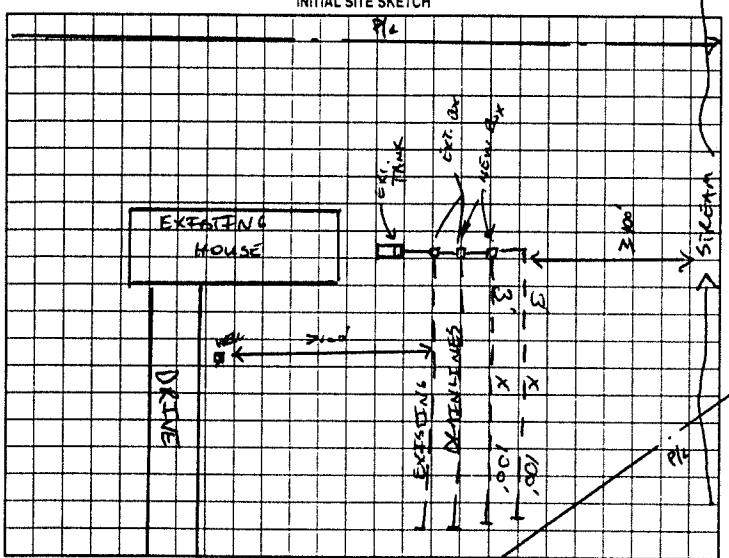
☐ House/Mod. Home No. Bedrooms _____
☐ Mobile Home No. Bathrooms _____
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Public
☐ Community

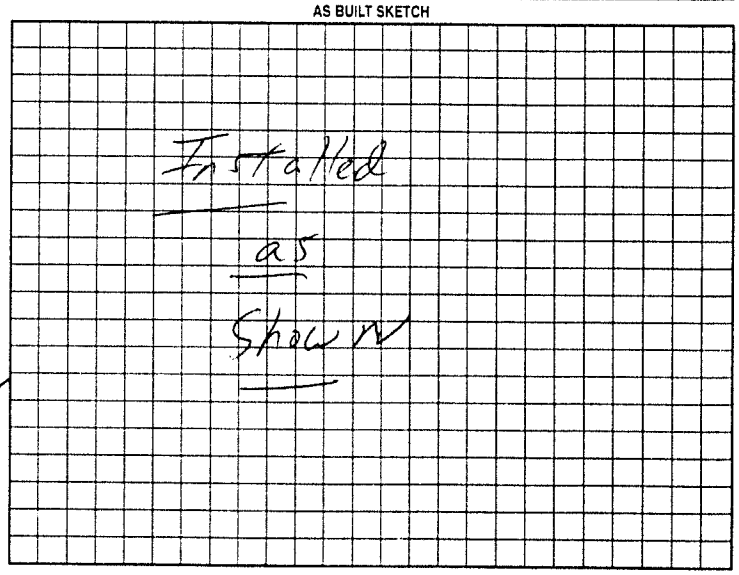
Comments/Conditions: ① INSTALL ORVENLINES UNIFORM AND ON CONTOUR ② PUMP SEPTIC TANK PRIOR TO REPAIR INSTALLATION

Comments/Conditions: Installed 2 - 100FT LINES Gravel depth - 12" Inspt.

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: Tony Caldwell date 4-9-01 Installed by: Wes Lytton

Improvement Permit by: Duane Shinn date 4/9/01 Operation Permit by: William O. Johnson date 6/18/01

Authorization to Construct by: Duane Shinn date 4/9/01 Existing System Inspection by: _____ date _____

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