IREDELL COUNTY HEALTH DEPARTMENT

4722-86-7621

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

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

PERMIT# 114302 PIN# ~~4722-86-6595~~ Home 704-528-7963 DATE 7/15/03

OWNER OR CONTRACTOR Matthew Madison PHONE: Business ~~cell~~ (704) 929-2[illegible] Home (704) 873-9627 cell

ADDRESS 130 Minyard Lane Statesville N.C. 28625

LOCATION Old mtn Rd, @ Wallace Spring Ct Chariz, @ Minyard lot 1st lot on right @ 130 minyard

SUBDIVISION Wallace Farms BLOCK / SECTION 3 LOT ~~44~~ 1st LOT AREA 1.11 Ac. SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. Ex

Septic Tank: 4000 Ex Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet ____ Linear Feet ____

No Lines Ex 4 @ 100' Trench Width 36" Max Trench Bottom Depth ____ Gravel Depth Ex

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

System Description: Gravity, 25% Reduction

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☒ Other Swimming Pool / bath House

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

Water Supply: ☒ Individual ☐ Public ☐ Community

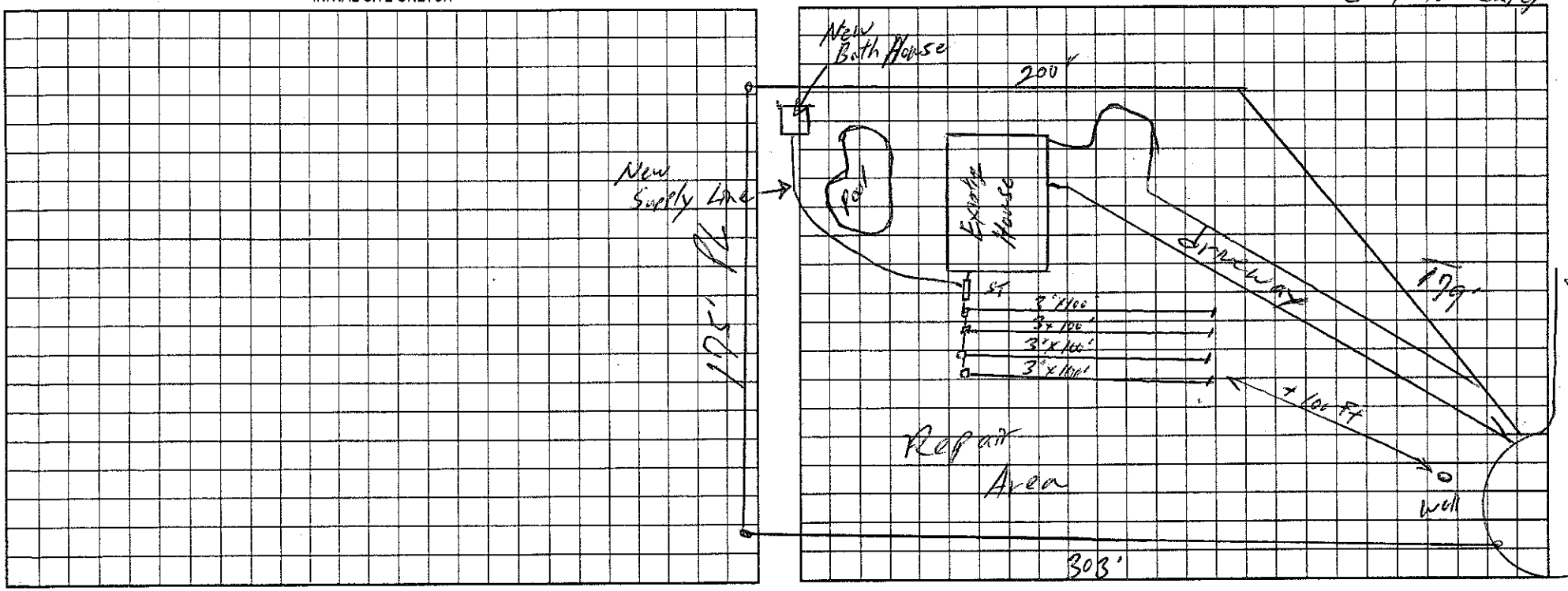
Comments:/Conditions:

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Existing System OKay at time of inspection.
OKay to add bath House to Septic System

INITIAL SITE SKETCH

AS BUILT SKETCH (Not to Scale)



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: [signature] date 7/15/03

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