IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122378 PIN# 4732-07-~~6968~~ 5713 DATE 7-13-04

OWNER OR CONTRACTOR DANA PATTEN PHONE: Business _____ Home (704) 677-2043

ADDRESS 754 WALLACE SPRINGS RD. STATESVILLE NC 28677

LOCATION I-40W (L) OMR (L) WALLACE SPRS. RD. - 1/2 MI. JUST PAST CEMETERY

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 11.5 SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. EXISTING

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 _____

☐ 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 2

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

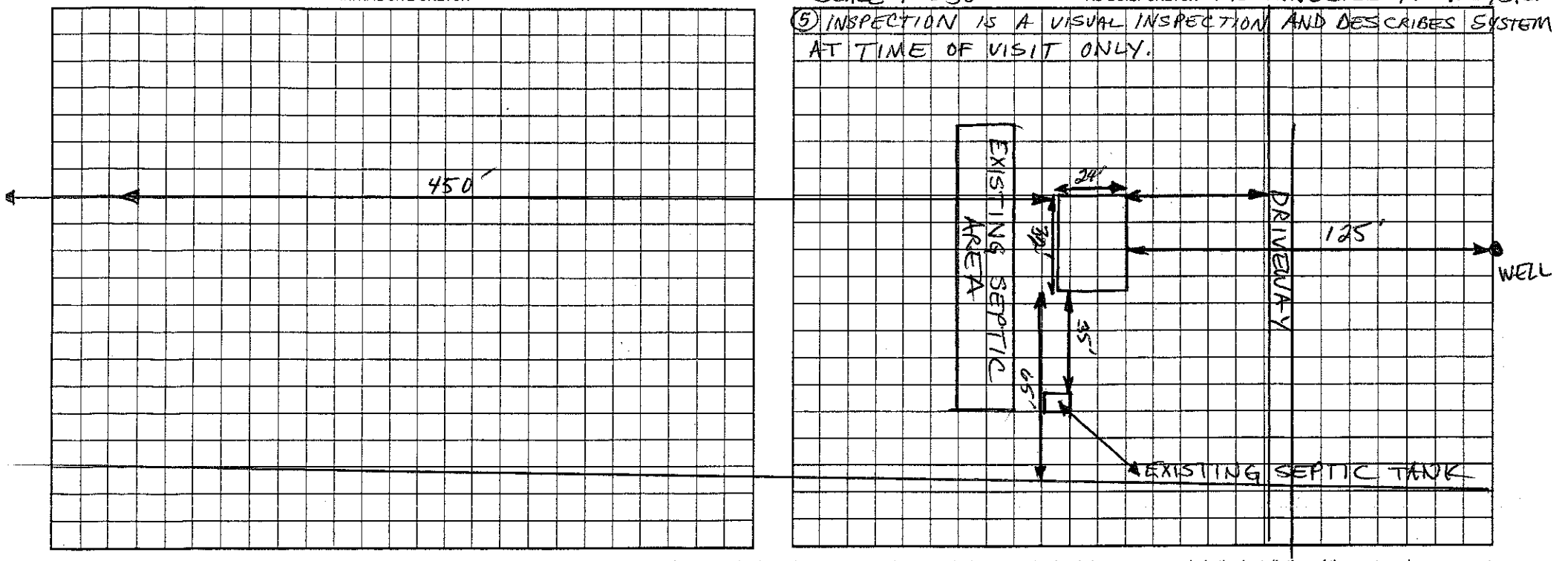
Comments:/Conditions:

Comments:/Conditions: (1) SYSTEM FUNCTIONING PROPERLY AT TIME OF INSPECTION (2) PERMISSION TO CONNECT NEW STRUCTURE TO SYSTEM (3) NEW STRUCTURE SHALL NOT INCREASE NO. OF BEDROOMS ON SYSTEM (4) EXISTING M.H. SHALL BE DISCONNECTED FROM SYSTEM (5) INSPECTION IS A VISUAL INSPECTION AND DESCRIBES SYSTEM AT TIME OF VISIT ONLY.

INITIAL SITE SKETCH

SCALE 1"=50'

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 7-14-04

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Christopher M. Shuping LRS date 7-13-04

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