IREDELL COUNTY HEALTH DEPARTMENT

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

(3:00)

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

PERMIT# REPAIR PIN# REPAIR

OWNER OR CONTRACTOR DAVID & JOANNE THORPE PHONE: Business _____ DATE 3/24/00

ADDRESS 117 DAVIDSON RD. STATESVILLE Home 528-1498

LOCATION I 40 WEST - ~~OLD~~ OLD MOUNTAIN RD (TL) - ~~TORO~~ TL BUFFALO SHOALS - TR DAVIDSON - 1ST HOUSE ON LT CORNER

SUBDIVISION ~ BLOCK / SECTION ~ LOT ~ LOT AREA ~2AC SITE CLASS. PS DESIGN FLOW 240GPD L.T.A.R. 3 bdrm/AR

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 533 Linear Feet 280

No Lines 4@70' Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: _____

Repair System Description: GRAVITY BULL-RUN-VALVE

Maintenance Agreement Required: ☐ Yes ☑ ~~No~~ CONVENIENT

Gravel Depth 12" ☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☑ ~~House/Mod. Home~~ No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

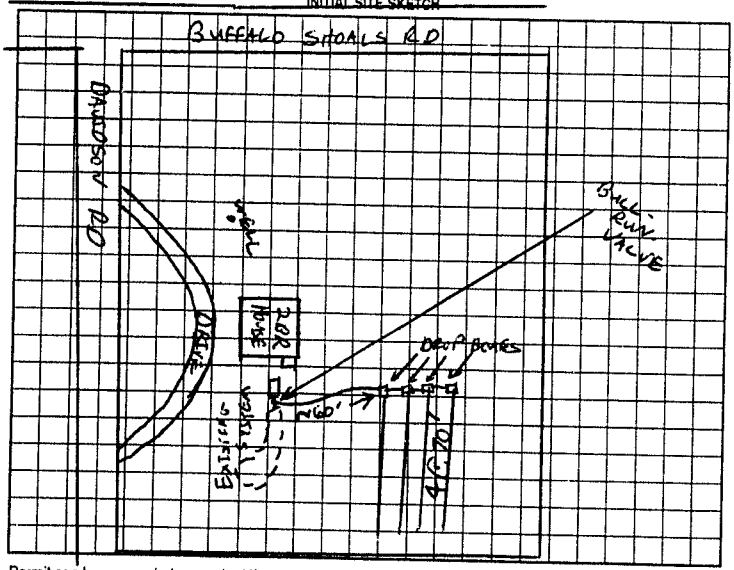
Water Supply: ☑ ~~Individual~~ ☐ Public ☐ Community

Comments/Conditions: 1) INSTALL BULL-RUN-VALVE 2) REPLACE SANITARY TEE IF NECESSARY 3) KEEP SYSTEM 10' FROM PROPERTY LINES

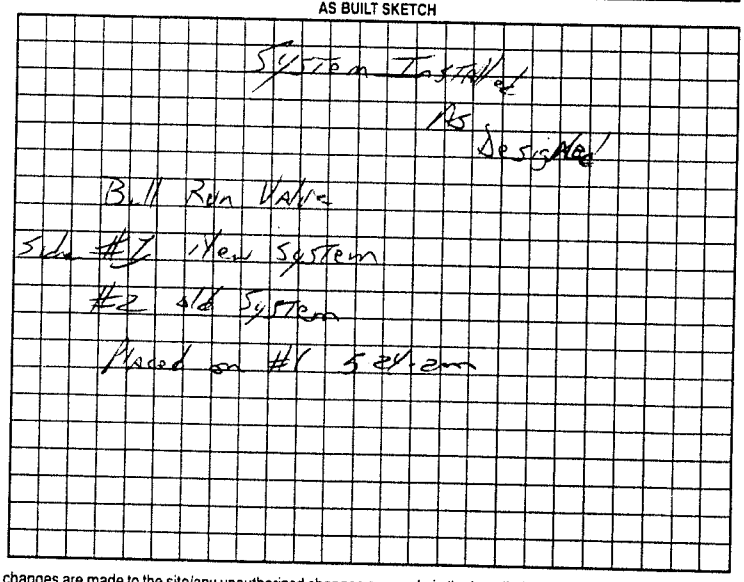
ST, IV Sold

Comments/Conditions: SANITARY TEE NOT Replaced did one LINE

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: David Thorpe date 3/24/00

Improvement Permit by: C. [illegible] RS date 3/24/00

Authorization to Construct by: C. [illegible] RS date 3/24/00

Installed by: Wes [illegible] date _____

Operation Permit by: C. [illegible] date May 24 2000

Existing System Inspection by: _____ date _____

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