IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 138614 PIN# 4724 01 1571 DATE 27 Oct. 06

OWNER OR APPLICANT Diana Lynch / William Call PHONE: Business 704-929-9848 Home 704-871-1119

ADDRESS 2620 Hickory Hwy Statesville, NC 28677

LOCATION I-40 W TL Stamey Farm Rd. TL Hickory Hwy First Drive on left past Austin Hunt Lumber Co.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 3.15 Ac. SITE CLASS. PS DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: Exist. 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet _____ Linear Feet 250

No Lines 2 Trench Width 3 Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Exist Conv.

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 2 No. Persons ___ No. Employees ___

Water Supply: ☑ Individual ☐ Public ☐ Community

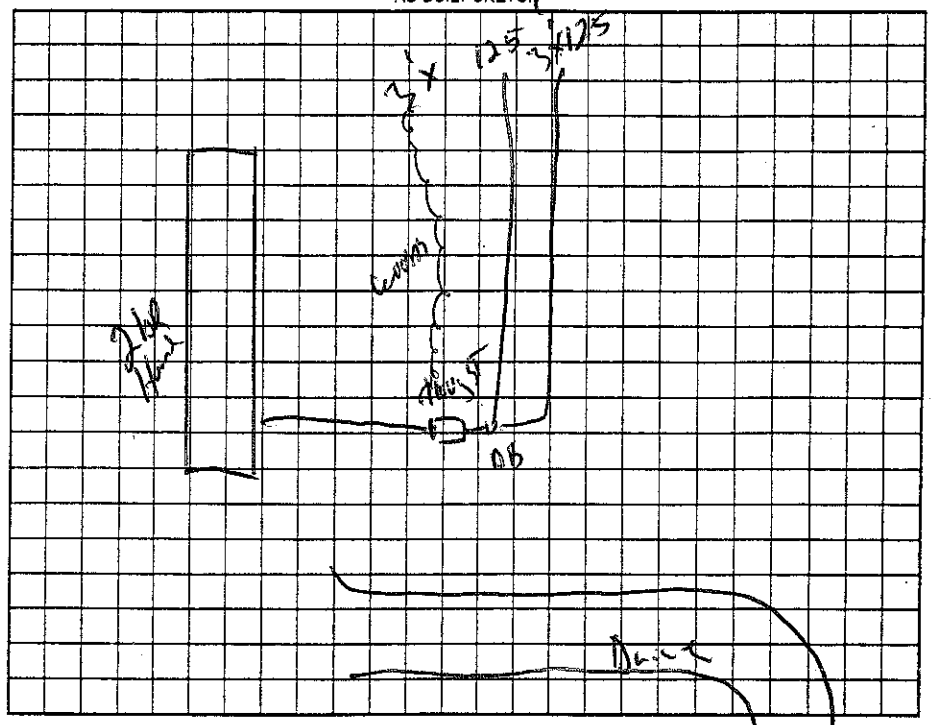
☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

Comments:/Conditions: Exist. System installed 1981 For William Call - Installed for 3 BR. MAN. Home.

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: William E. Call date _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: _____, R.S. date 27 Oct. 06

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