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 6-9-98

OWNER OR CONTRACTOR Billy Burns PHONE: Business _____ Home 873-6242

ADDRESS 710 Winterfield

LOCATION 90W Turn Bristol Dr. TR Westminster TR Westover TL Winterfield 4th Home Rt.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1/2 acre SITE CLASS. P3 DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: Ex. 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 72" Max Trench Bottom Depth 36" Gravel Depth 18"

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

System Description: _____

Repair System Description: Conv. Gravity

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

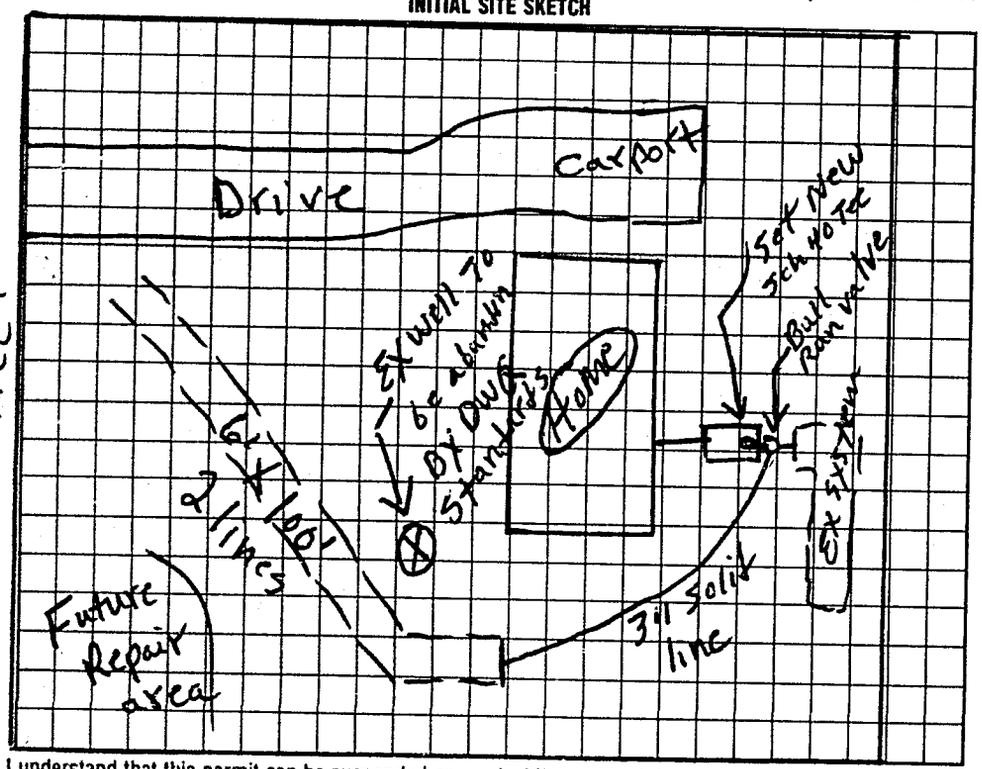
Comments:/Conditions:

Existing well must be filled and Record presented before Repair to Health Dept can be approved

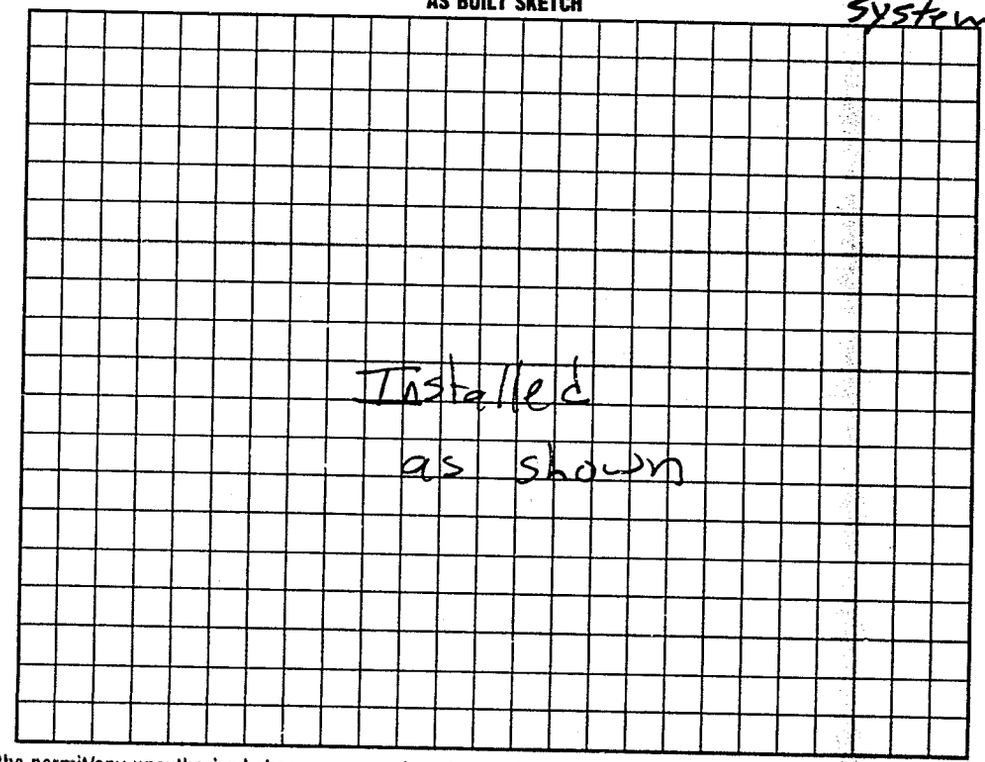
Comments:/Conditions:

Hooking on to Piedmont water system

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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: Billy D. Burns date _____

Improvement Permit by: P. C. Moore date 6-9-98

Authorization to Construct by: P. C. Moore date 6-9-98

Installed by: James Hudler

Operation Permit by: Mat Collins date 8-19-98

Existing System Inspection by: _____ date _____

HEALTH DEPT COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD