# IREDELL COUNTY HEALTH DEPARTMENT

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

## IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT (EXISTING SYSTEM INSPECTION)

PERMIT# 95075 PIN# 4924-37-4391 (City of Statesville) DATE 3/1/01

OWNER OR CONTRACTOR James + Marcia Barrow PHONE: Business Home (704) 604-1469

ADDRESS 508 Westminster Ave / P.O. Box 6435 Statesville, NC. 28677

LOCATION 90W, TR Bristol Drive (R) on Westminster, ~ 3/4 mile 1st house on (R) past Marcia Lane

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

Septic Tank: Existing Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: Existing Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 1237 Linear Feet 412

No Lines 4 Trench Width — Max Trench Bottom Depth — Gravel Depth —

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

System Description: Existing: Gravity, Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2½ No. Employees ____

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

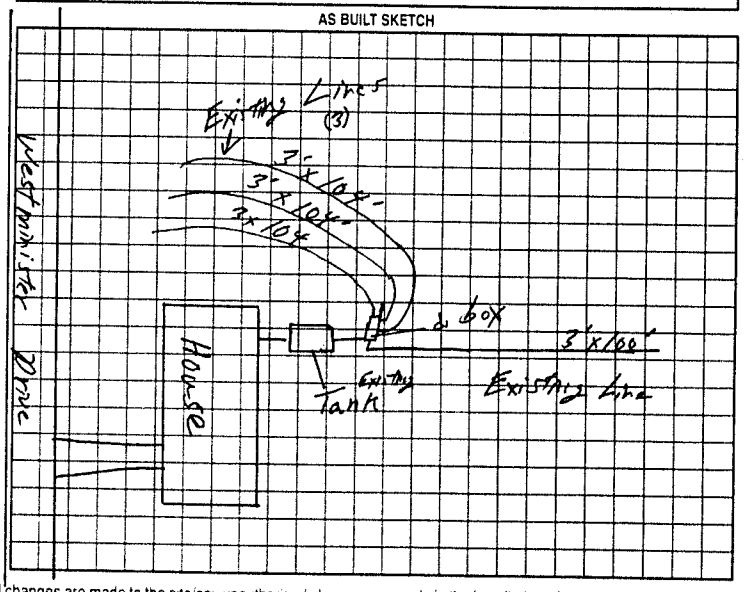
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions:

Comments/Conditions: -System Size + condition okay, working properly. Ref: Charlie Miller - 8-27-80 ?
Diane Miller - 6-8-87.

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: _____ date _____ Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: William A. Johnson date 3/1/01

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