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 6-14-2001

OWNER OR CONTRACTOR WAYNE RICHMOND PHONE: Business _____ Home (704) 838-1026

ADDRESS 437 BRISTOL DRIVE STATESVILLE, NC 28677

LOCATION US 70 WEST, TR BRISTOL DRIVE, 1ST HOUSE ON RIGHT PAST GREENCREST LANE

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA LIMITED SITE CLASS 3 DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

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

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____

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

System Description: _____

Repair System Description: CONVENTIONAL GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth AS NEEDED ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ___

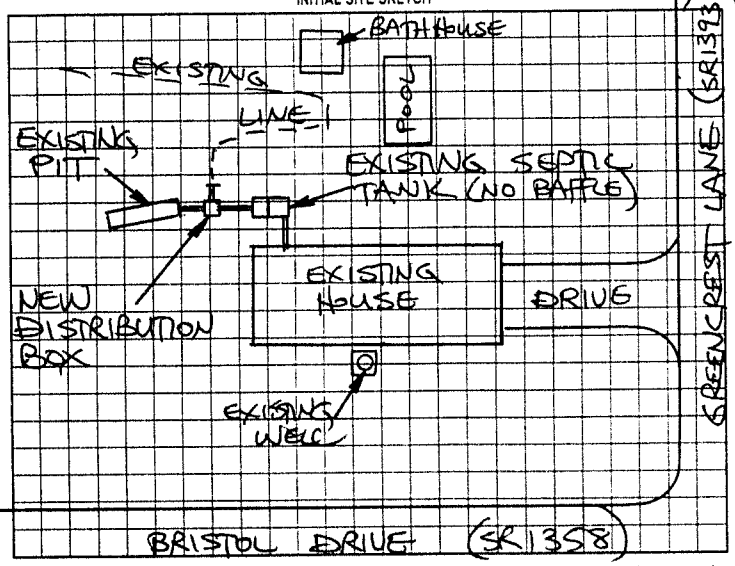
☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments/Conditions: REPLACE "TERRA COTTA" PIPE WITH NEW 3" OR 4" SCH 40 PVC FEEDING NEW DISTRIBUTION BOX AS SHOWN. USE SPEED LEVELERS TO FEED EXISTING PIT FIRST.

Comments/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO INITIAL SITE 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: Wayne Richmond date 6-14-01

Improvement Permit by: STEVE HEDRICK date 6-14-01

Authorization to Construct by: STEVE HEDRICK date 6-14-01

Installed by: CLYDE ADAMS

Operation Permit by STEVE HEDRICK date 6-18-01

Existing System Inspection by: _____ date _____

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