CT

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 105392 PIN# 4703-65-9921 DATE 04-01-02

OWNER OR CONTRACTOR BOBBY TRAVIS PHONE: Business 704-883-8228 Home 704-875-5386

ADDRESS P.O. BOX 5451 STATESVILLE NC 28687

LOCATION 40 W, ① ONTO, ⓡ 70 W, ⓛ SHADY REST, ⓡ GYPSY, 2ND LOT ON RT

SUBDIVISION TRAVIS MHP BLOCK / SECTION ____ LOT 2 LOT AREA ____ SITE CLASS ____ DESIGN FLOW 360 L.T.A.R. ____

EXISTING

Septic Tank: 1000 Gallons; STB ____ Date ____
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 750 Linear Feet 250
No Lines 2x125' Trench Width ____ Max Trench Bottom Depth ____ Gravel Depth ____

☐ New System ☐ Repair System Type: I. (II.) III. IV. V. VI
System Description: CONV GRAV
Repair System Description: ____
Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3
X Mobile Home DW No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

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

Water Supply: ☐ Individual X Public ☐ Community

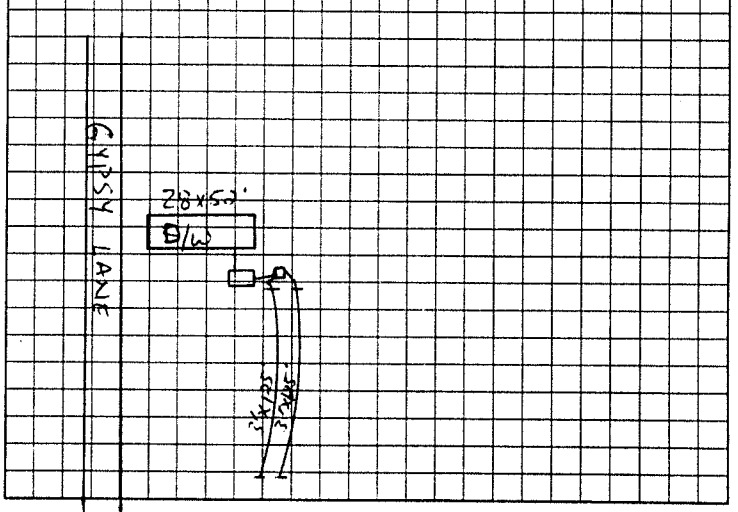
Comments:/Conditions:

Comments:/Conditions: ① NO SIGNS OF FAILURE AT TIME OF CHECK ② MAINTAIN SETBACKS ③ TANK & LINES TO DEEP TO PROBE

INITIAL SITE SKETCH

AS BUILT SKETCH

(X) HE HAD COPY OF OLD PERMIT



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: April Reyes date 4-1-02 Installed by: ____

Improvement Permit by: ____ date ____ Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: [signature] date 04-01-02

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