# 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 March 24, 2000

OWNER OR CONTRACTOR Annie Hartness PHONE: Business _____ Home 876-6966

ADDRESS 3002 Wilksboro Rd. Stsvl.

LOCATION 115 N. on Right across from Trinity Vol. Fire Dept.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2 Ac. SITE CLASS _____ DESIGN FLOW 360gpd L.T.A.R. 0.3

Septic Tank: Existing Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 480± Linear Feet 160±

No Lines 4 in bed Trench Width 12 Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: Gravity Bed

Repair System Description: Gravity Bed 12X40±

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 1½

☐ Business No. Employees ____

☐ Other _____

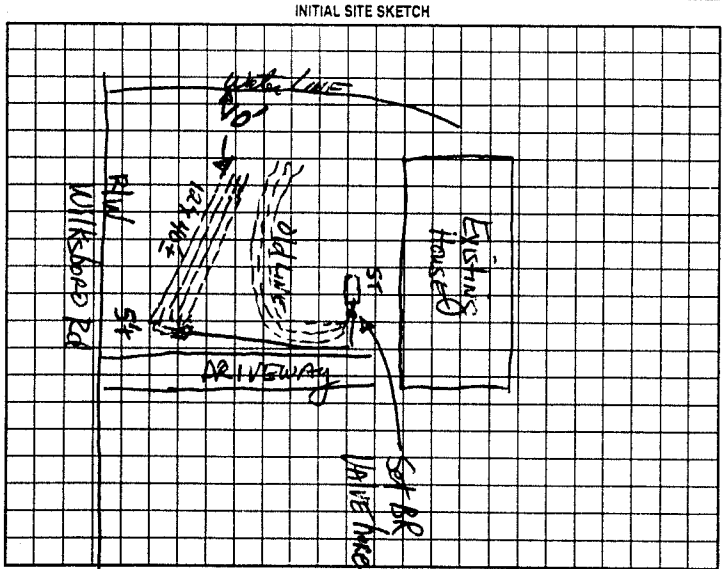
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: Check tank for tee & Pump as needed Place excess dirt over area where surfacing

Comments/Conditions: NEW SANITARY TEE INSTALLED IN SEPTIC TANK.

INITIAL SITE SKETCH




AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO INITAL 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: Annie Hartness

Improvement Permit by: D R Amon, RS date 3-21-00

Authorization to Construct by: D R Amon, RS date 3-21-00

Installed by: BARRY SIGMON

Operation Permit by: STEVE HEDRICK date 6-28-2000

Existing System Inspection by: _____ date _____

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