IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 124312 PIN# 4728-04-4947 DATE 10-4-04

OWNER OR CONTRACTOR RICHARD CRONE PHONE: Business (704) 309-3312 Home

ADDRESS 142 TREEBARK RD. STATESVILLE NC 28625

LOCATION 115 N TL PISGAH TL TREEBARK HOUSE ON RT (142 TREEBARK RD)

SUBDIVISION TREEBARK ACRES BLOCK / SECTION III LOT 7 LOT AREA 4.43 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .35 gpd/ft² EX.

Septic Tank: 1000 EX Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet Linear Feet 343 EX

No Lines 3@115 Trench Width Max Trench Bottom Depth Gravel Depth EX

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

System Description: CONVENTION GRAVITY

Repair System Description: GRAVITY 25% RED

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

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

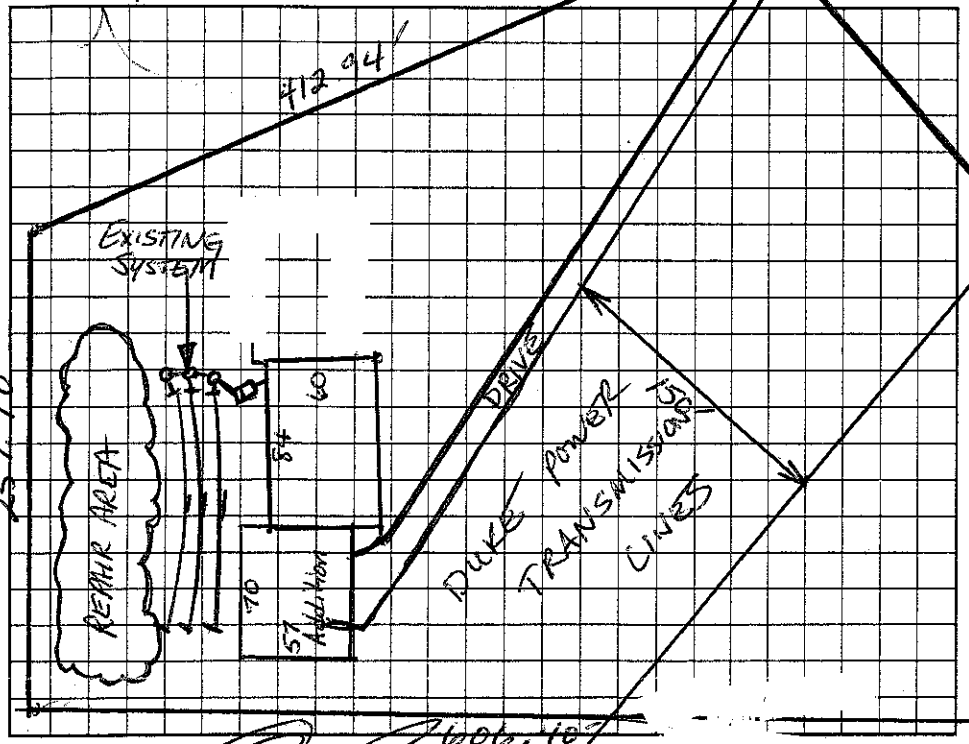
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: (1) SYSTEM FUNCTIONING PROPERLY AT TIME OF INSPECTION (2) PERMISSION TO CONNECT PROPOSED STRUCTURE TO EXISTING SYSTEM (3) STRUCTURE SHALL NOT INCREASE # BEDROOMS ON SYSTEM

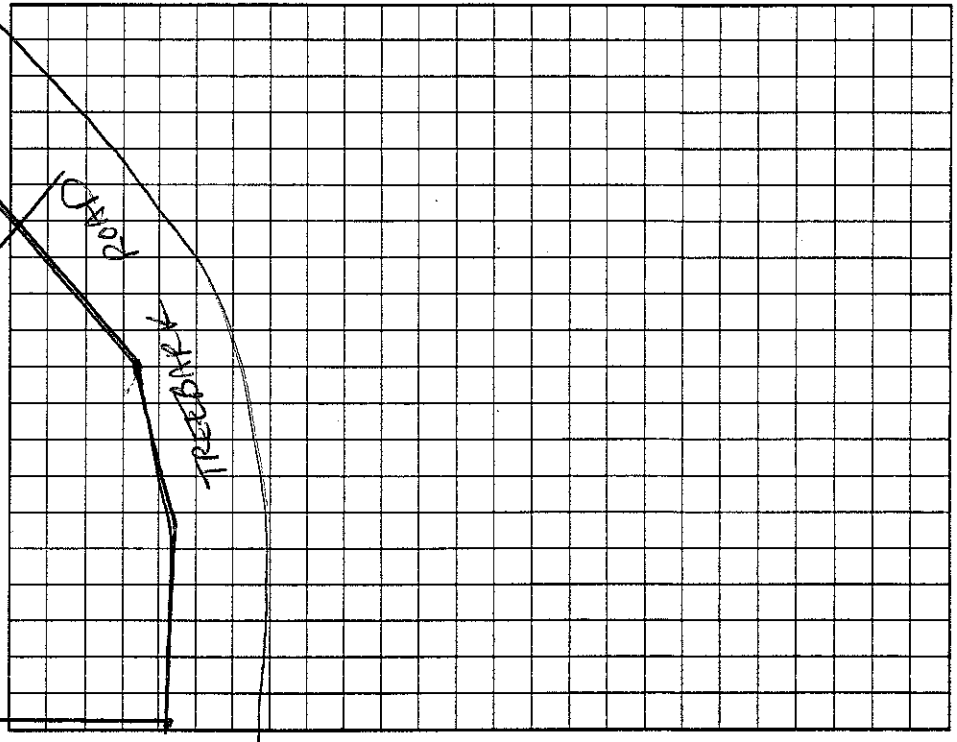
Comments:/Conditions: (4) THIS INSPECTION IS VISUAL ONLY. THERE IS NO GUARANTEE PROBLEM WILL NOT ARISE IN FUTURE

1"=100'

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing it/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 10-4-04

Installed by: JODY TRAVIS

Improvement Permit by: date

Operation Permit by: date

Authorization to Construct by: date

Existing System Inspection by: Christy M. Shirley, RS date 10-4-04

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