IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 4728-74-1498

OWNER OR CONTRACTOR JESSIE BAILEY PHONE: Business Home (704) 876-1525 DATE 12-18-01

ADDRESS 657 BAILEY FARM ROAD, STATESVILLE, NC 28625

LOCATION NC 115 NORTH, TR BAILEY FARM ROAD, HOUSE ON RIGHT AT BOX # 657

SUBDIVISION BLOCK / SECTION LOT 1 LOT AREA 111.99 ACRES SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. EXISTING

Septic Tank: EXISING Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 390 Linear Feet 130

No Lines ONE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 18"

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

System Description:

Repair System Description: CONVENTIONAL GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees

☐ Other

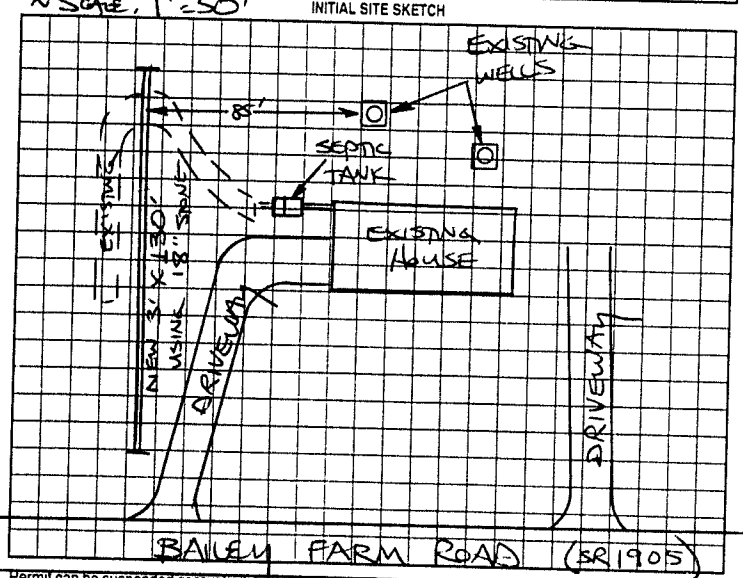
Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments/Conditions: INSTALL NEW 3' x 130' LINE AS SHOWN INTERSECTING EXISTING LINE ABOVE AREA OF MALFUNCTION.

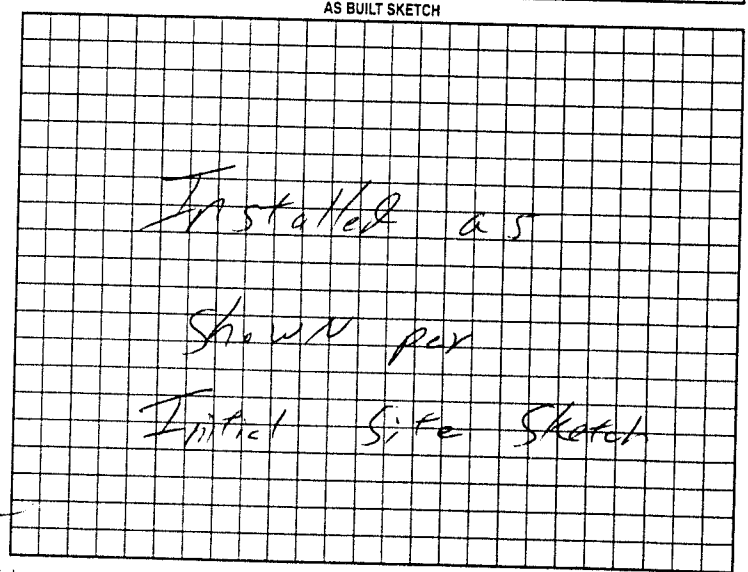
Comments/Conditions:

~SCALE: 1"=50'

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: [signature] date 1-3-8

Improvement Permit by: STEVE HENDRICK date 12-18-01

Authorization to Construct by: STEVE HENDRICK date 12-18-01

Installed by: James Hudler

Operation Permit by: William O. Johnson date 12/20/01

Existing System Inspection by: date

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