IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101282 20 PIN# 4731-49-0884 DATE 8/7/01

OWNER OR CONTRACTOR Velma B Clodfelter PHONE: Business _____ Home 704-528-4282

ADDRESS 182 E Monbo Rd. Statesville, NC. 28677

LOCATION OM R from Trentman TL E Monbo Rd. 9th house on (R)

SUBDIVISION No BLOCK / SECTION _____ LOT _____ LOT AREA Existing SITE CLASS PS DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: 1000 Gallons: STB 1007 Date 7-9-01

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields Use existing ok when found

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Add New S/T

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes X No

X House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees _____

☐ Other _____

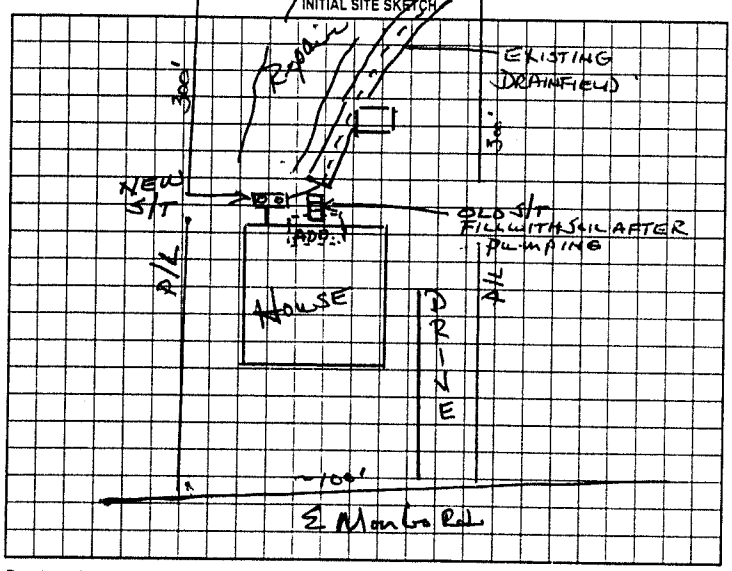
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community Neighbor on (R)

Comments/Conditions: Washing Machine is to be plumbed into new S/T. - New S/T recommected to Existing Drainfield

Comments/Conditions: -Old Tank was Crushed + filled - ok -Polylok Filter Installed on Tank

INITIAL SITE SKETCH



AS BUILT SKETCH

- Septic Tank Marker Installed
- New Tank Installed as Shown on 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: X Velma B. Clodfelter date 8-8-01

Improvement Permit by: Wesley Sparks RS date 8/7/01

Authorization to Construct by: Wesley Sparks RS date 8/7/01

Installed by: James Butler

Operation Permit by: William O. Johnson date 8/28/01

Existing System Inspection by: _____ date _____

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