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 10-23-01

OWNER OR CONTRACTOR DAN SMOAK PHONE: Business _____ Home 704-528-4712

ADDRESS 145 PARKWOOD LN, STATESVILLE, NC 28677

LOCATION HWY 21 S, R OMK, L EAST MONRO, R PARKWOOD, 3RD HOUSE ON LEFT BESIDE LONG GRAVEL DRIVEWAY

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: EXISTING Gallons: STB _____ Date _____
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 200'
No Lines 4X50' Trench Width 36" Max Trench Bottom Depth 36"

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

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

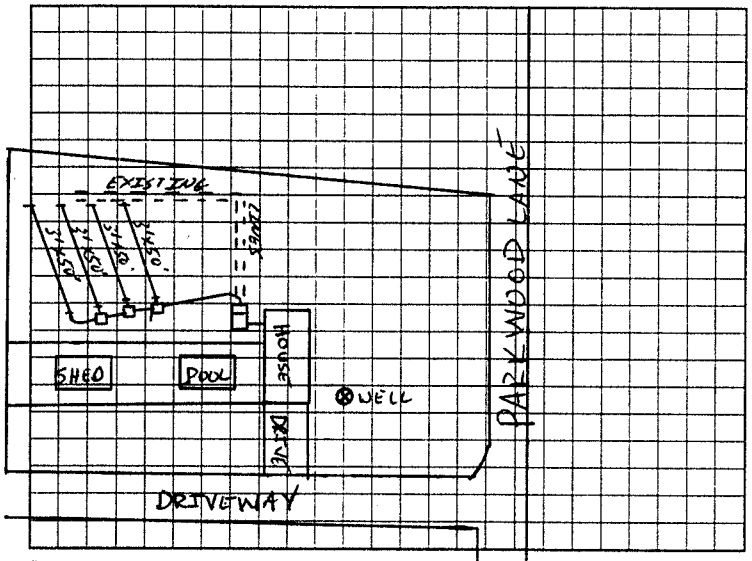
Gravel Depth 12" ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

Comments/Conditions: (1) THIS PERMIT SERVES AS NOTICE OF VIOLATION & MUST BE REPAIRED WITHIN 30 DAYS (2) USE DROP BOXES (3) 1st & 2nd LINE MAY INTERCEPT OLD BED SO PLACE DROP BOX ELEVATION SO IT WILL NOT BURST OUT OF GROUND AGAIN.

Comments/Conditions: (4) SYSTEM NEEDS NEW TEE IN TANK IF NECESSARY.

INITIAL SITE SKETCH



AS BUILT SKETCH

NEW TEE INSTALLED

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: _____ date 10-23-01 Installed by: DAVID YOUNTZ

Improvement Permit by: _____ date 10-23-01 Operation Permit by: _____ date 11-15-01

Authorization to Construct by: _____ date 10-23-01 Existing System Inspection by: _____ date _____

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