IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 124395 PIN# 4734-03-0698.1 DATE 11-4-04

OWNER OR CONTRACTOR RENITA WARD PHONE: Business 704-872-1274 Home 704-924-7143

ADDRESS 2017 BRISTOL ROAD, STATESVILLE, NC 28677

LOCATION US 70 EAST, TL BRISTOL ROAD, LOT ON RIGHT AT BOX # 2017

SUBDIVISION BANK HEIGHTS BLOCK / SECTION ____ LOT 30 LOT AREA 0.52 ACRE SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. EXISTING

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields ____ Square Feet 225 Linear Feet EXISTING ~75'

No Lines 1 BED Trench Width ____ Max Trench Bottom Depth ____ Gravel Depth ____

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

System Description: CONVENTIONAL, GRAVITY

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

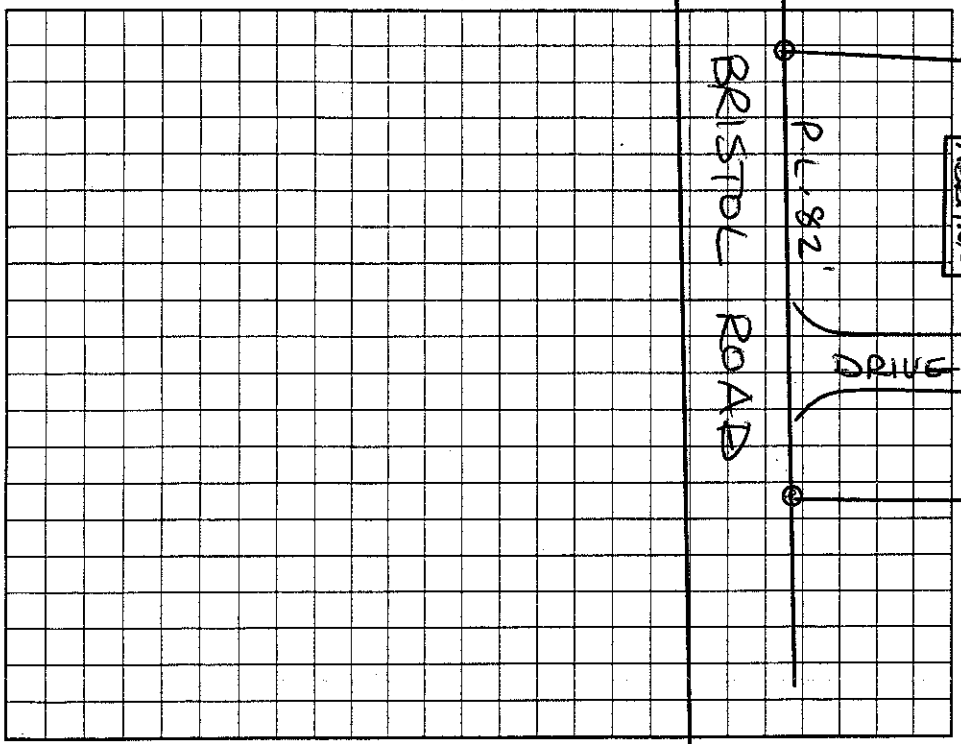
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

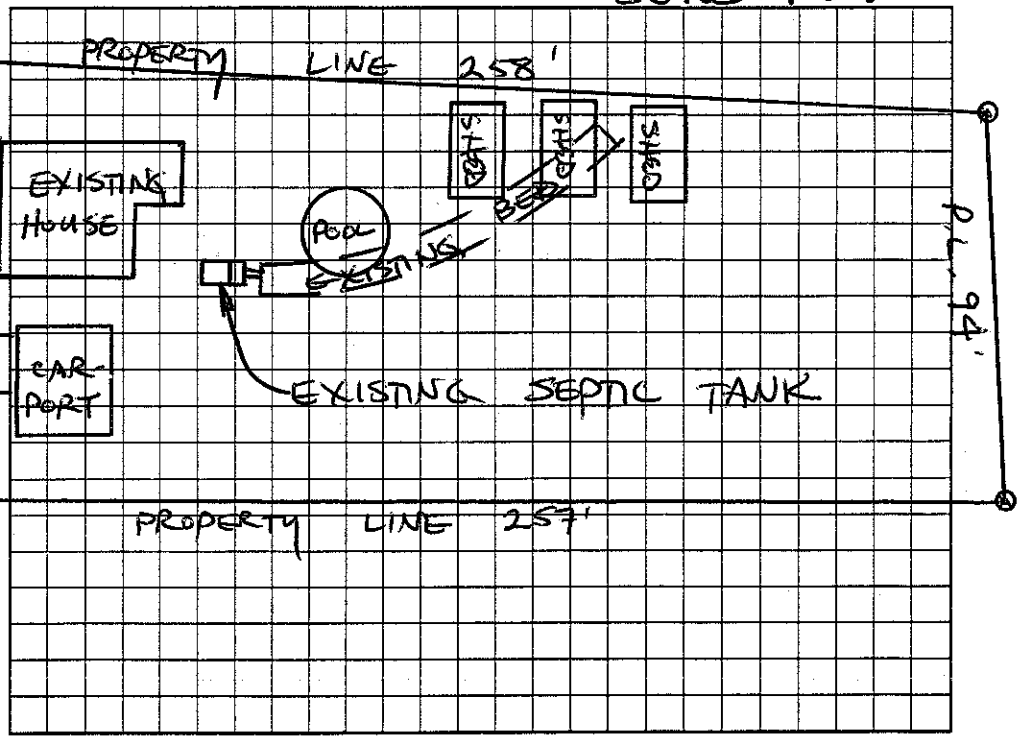
Comments:/Conditions:

Comments:/Conditions: ① SYSTEM UNDERSIZED ACCORDING TO TODAY'S STANDARDS ② ABOVE GROUND SWIMMING POOL & SHEDS LOCATED INAPPROPRIATELY OVER EXISTING DRAINFIELD

INITIAL SITE SKETCH



AS BUILT SKETCH ~SCALE: 1" = 40'



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 ____

Improvement Permit by: ____ date ____

Authorization to Construct by: ____ date ____

Installed by: ____

Operation Permit by: ____ date ____

Existing System Inspection by: STEVE HEDRICK date 11-4-04

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