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# DATE 2-17-99

OWNER OR CONTRACTOR Mae Thomas PHONE: Business Home 878-9424

ADDRESS 199 Delight Loop, Statesville, NC 28677

LOCATION 2006 Bristol Rd 64/70 (Newton Dr.) T L Park Dr T R Bristol House on R

SUBDIVISION — BLOCK / SECTION — LOT ~~67x142~~ LOT AREA 67x142 SITE CLASS 0/S DESIGN FLOW 360 L.T.A.R. Existing

Septic Tank: Existing Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet Linear Feet

No Lines 3 Trench Width 15ft Max Trench Bottom Depth 36in Gravel Depth 18-24

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

System Description:

Repair System Description: Gravity Conventional

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees

☐ Other

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

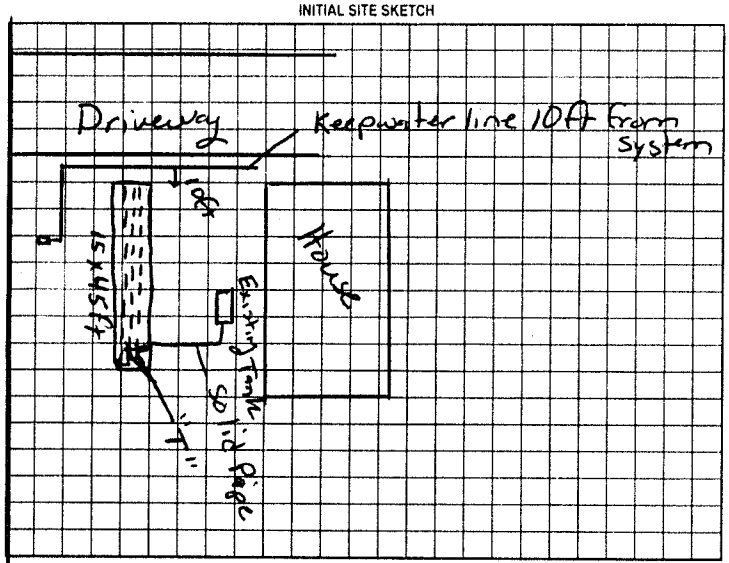
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: ① Water must be relocated 10Ft from system
Install Bed system 45x15ft

Comments/Conditions

Replace S.T. with

INITIAL SITE SKETCH



AS BUILT SKETCH

New Septic Tank
No. 160 Date 8-8-99

Same as initial
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: Linda Lowe date 2-18-99

Improvement Permit by: P.C. Moore MyCat date 2-18-99

Authorization to Construct by: P.C. Moore MyCat date 2-18-99

Installed by: Barry Sisman

Operation Permit by: P. C. Moore date 9-15-99

Existing System Inspection by: date

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