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# 4739 04 1075 DATE

OWNER OR CONTRACTOR HAROLD STANLEY PHONE: Business Home 883-8478

ADDRESS 2021 RAYON STREET, STATESVILLE, NC 28677

LOCATION US 70 WEST, TL PARK DRIVE, TR RAYON STREET, HOUSE ON LEFT AT # 2021

SUBDIVISION BLOCK / SECTION LOT LOT AREA SITE CLASS: PS DESIGN FLOW 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 1 Square Feet 450 Linear Feet 150

No Lines TWO Trench Width 36" Max Trench Bottom Depth 36" +/- Gravel Depth 24"

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

System Description: CONV. GRAVITY

Repair System Description: CONVENTIONAL GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home No. Bedrooms

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

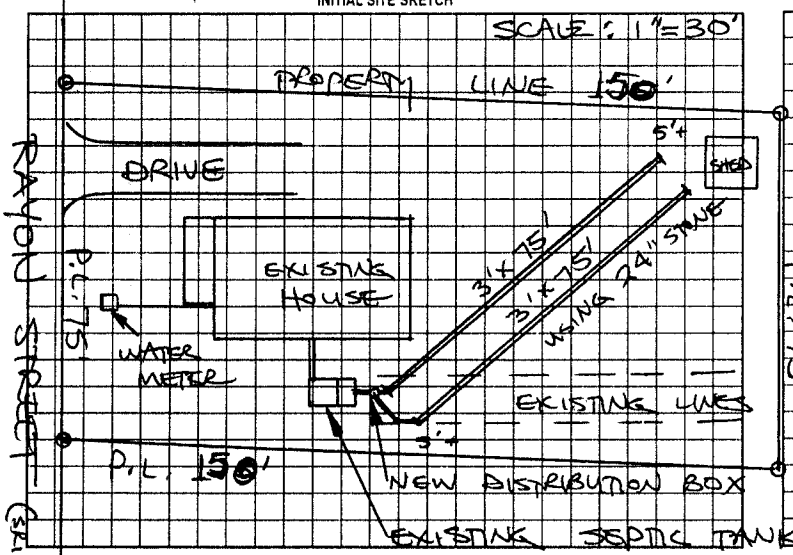
☐ Other

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions ① PUMP-OUT SEPTIC TANK, REPLACE SANITARY TEE IF NECESSARY ② INSTALL NEW DISTRIBUTION BOX AS SHOWN FEEDING TWO NEW 3' x 75' LINES USING 24" STONE.

Comments /Conditions

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as shown

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: Harold Stanley date 9-19-00 Installed by: Unbarger

Improvement Permit by: STEVE HEDRICK date 9-18-00 Operation Permit by: [signature] date 9-20-00

Authorization to Construct by: STEVE HEDRICK date 9-18-00 Existing System Inspection by: date

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