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 8-23-00

OWNER OR CONTRACTOR Margaret Crawford PHONE: Business _____ Home 873 7694

ADDRESS 134 Ivanhoe Lane Statesville

LOCATION 115 N TL off 115 TL Bradley Rd TR Ivanhoe at Turn on Rt. 90°

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1/2 acre SITE CLASS. P3 DESIGN FLOW 240 L.T.A.R. .33

Septic Tank: EX. Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200

No Lines 1 Trench Width 36" Max Trench Bottom Depth 36"+ Gravel Depth 12"

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

System Description: _____

Repair System Description: conv. Gravity

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees _____

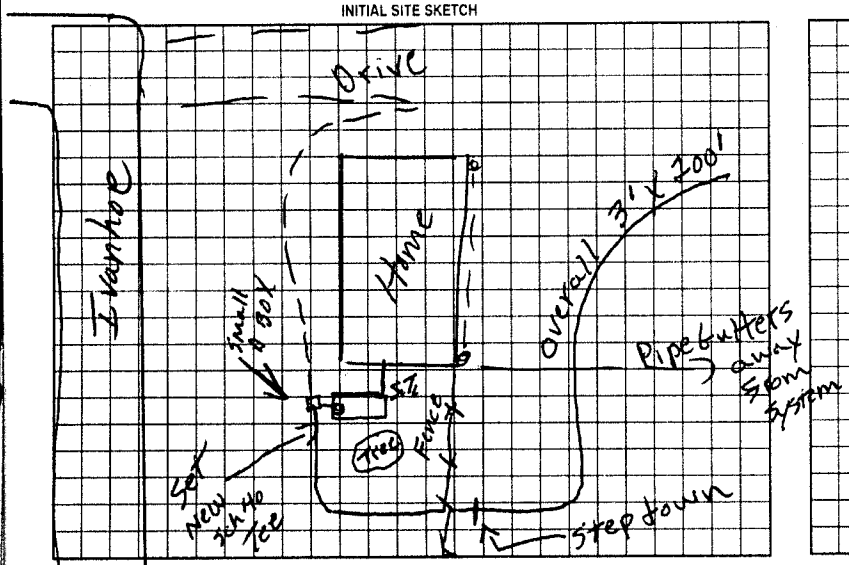
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions:

Comments/Conditions SEPTIC TANK PUMPED OUT 8-24-00 - NEW SANITARY TEE INSTALLED

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO 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: Margaret Crawford date _____ Installed by: JAMES HUGER

Improvement Permit by: P. C. Moore date 8-23-00 Operation Permit by: STEVE HENDRICK date 8-25-00

Authorization to Construct by: P. C. Moore date 8-23-00 Existing System Inspection by: _____ date _____

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