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 11-5-99

OWNER OR CONTRACTOR YORK ALEXANDER PHONE: Business Home 872-5595

ADDRESS 2044 S. CHIPLEY FORD, STATESVILLE, NC 28625

LOCATION NC 115 NORTH, TR S. CHIPLEY FORD, 2ND DRIVE ON RIGHT PAST MORRISON CREEK

SUBDIVISION BLOCK / SECTION LOT LOT AREA AMPLE SITE CLASS. P3 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 1 Square Feet Linear Feet EXISTING

No Lines 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: CONVENTIONAL GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

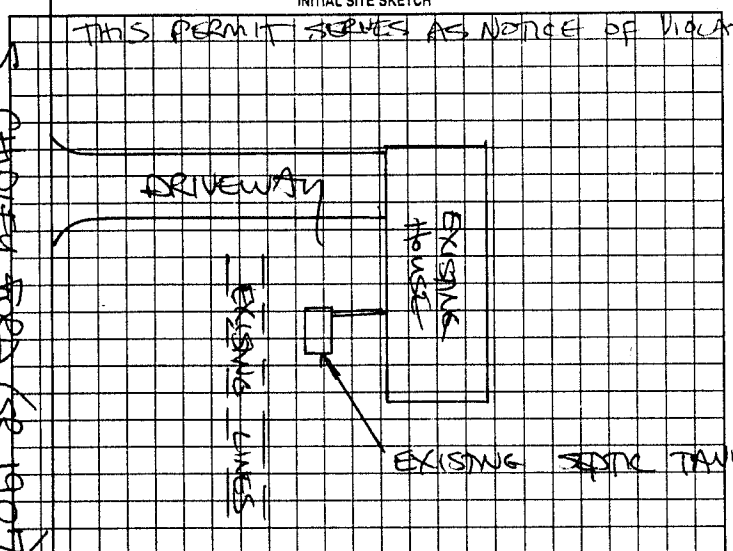
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

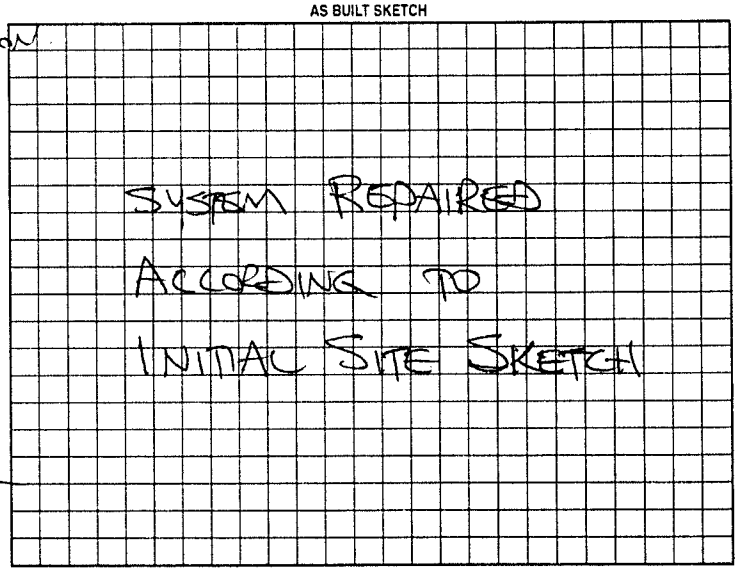
Comments/Conditions: REPLACE BROKEN LID ON SEPTIC TANK WITH NEW, ONE-PIECE, PUMP-TANK LID. REPLACE SANITARY TEE IN TANK

Comments/Conditions: SEPTIC TANK PUMPED OUT 11-5-99

INITIAL SITE SKETCH



AS BUILT 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: +/York Alexander date 11-5-99 Installed by: STEVE JORDAN

Improvement Permit by: STEVE HEDRICK date 11-5-99 Operation Permit by: STEVE HEDRICK date 11-5-99

Authorization to Construct by: STEVE HEDRICK date 11-5-99 Existing System Inspection by: date

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