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# 4736-58-4719 DATE 9-15-03

OWNER OR CONTRACTOR C & N INVESTMENTS PHONE: Business 704-363-2634 Home 704-528-6192

ADDRESS P.O. Box 5602 STATESVILLE, NC 28687

LOCATION NC 115 N, TR S. CHIPLEY FORD, TL HARRIET LANE 2ND HOUSE ON (R) PAST PAST ROSEMAN LANE

SUBDIVISION TSUMAS-WEST BLOCK / SECTION 1 LOT 69 LOT AREA LIMITED SITE CLASS. PS 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 810 Linear Feet 270

No Lines FOUR 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: CONVENTIONAL, GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

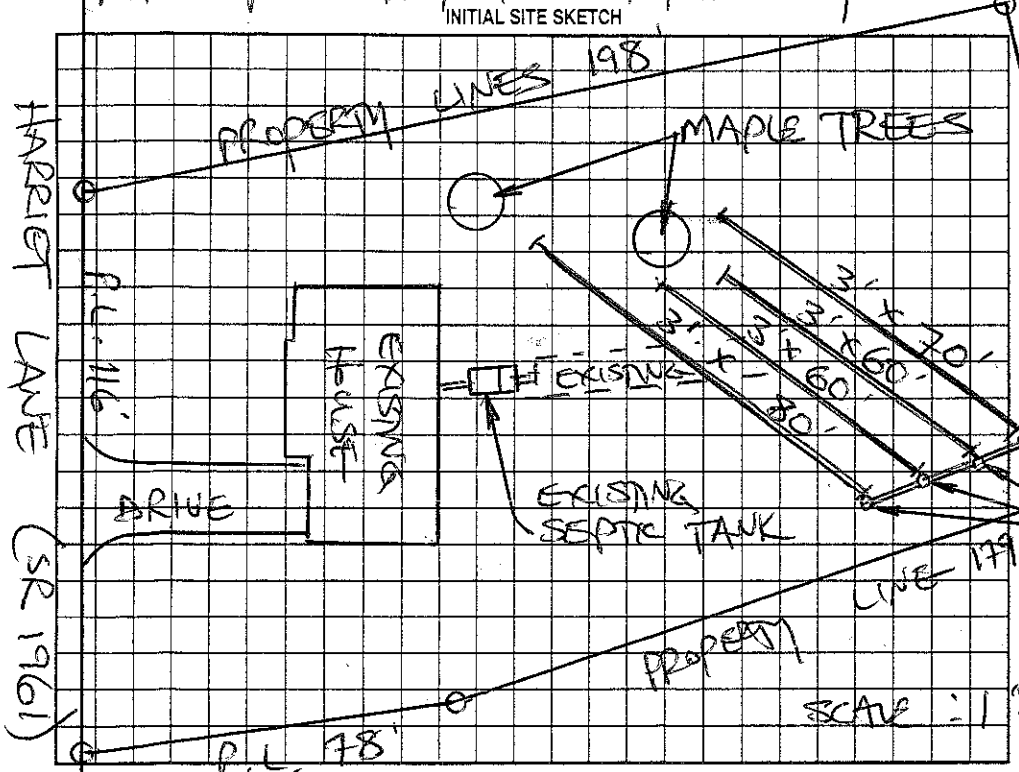
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

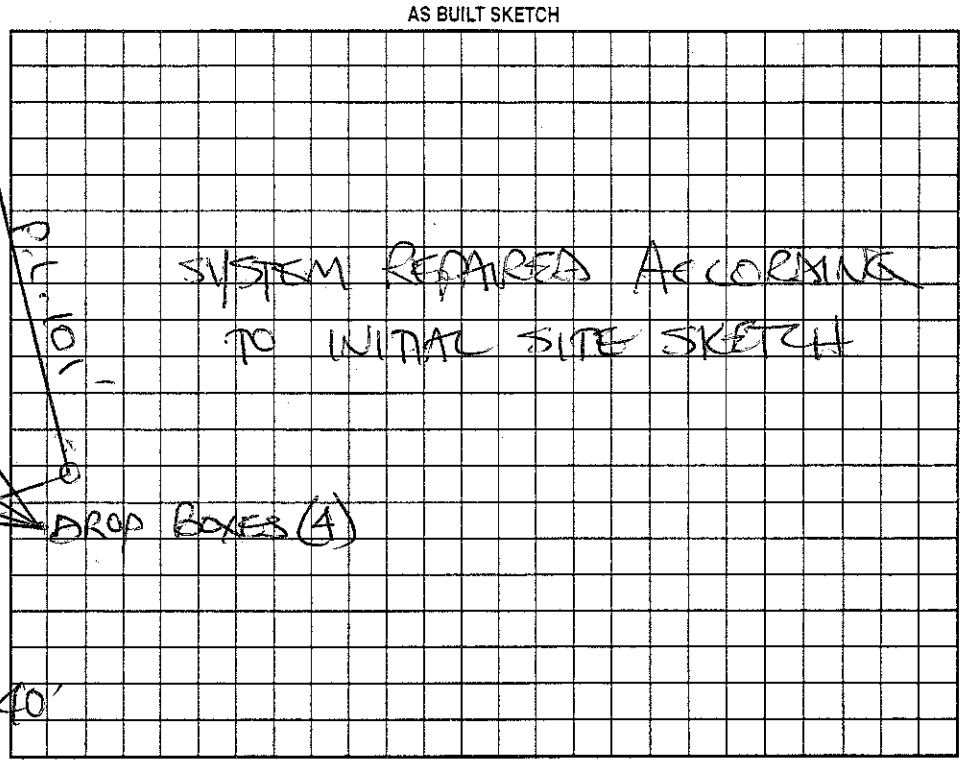
Comments:/Conditions: INTERSECT EXISTING DRAINLINE AS SHOWN & FEED NEW LINES SERIALLY WITH DROP BOXES. THIS PERMIT SERVES AS "NOTICE OF VIOLATION." TO BE REPAIRED BY 10-15-03

Comments:/Conditions:

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: _____ date 9/15/03 Installed by: DAVID YOUNTZ

Improvement Permit by: STEVE HEDRICK date 9-15-03 Operation Permit by: STEVE HEDRICK date 10-24-03

Authorization to Construct by: STEVE HEDRICK date 9-15-03 Existing System Inspection by: _____ date _____

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