# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

## IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# Repair (L-11) PIN# 4736-58-6520 / 4736-58-6431 (L-10) DATE 9-8-06

OWNER OR APPLICANT Edgar Barnett PHONE: Business _____ Home _____

ADDRESS 151 Rosemary

LOCATION Chipley Ford (L) on Crosswhite (R) Rosemary - 151

SUBDIVISION Chipley Park BLOCK / SECTION _____ LOT 10+11 LOT AREA _____ SITE CLASS. E DESIGN FLOW Ex L.T.A.R. Ex

Septic Tank: 1000 Gallons; STB 312 Date 1-15-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields Ex Square Feet Ex. Linear Feet Ex
No Lines Ex. Trench Width Ex Max Trench Bottom Depth Ex. Gravel Depth _____

☐ New System ☒ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Ex
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons _____
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

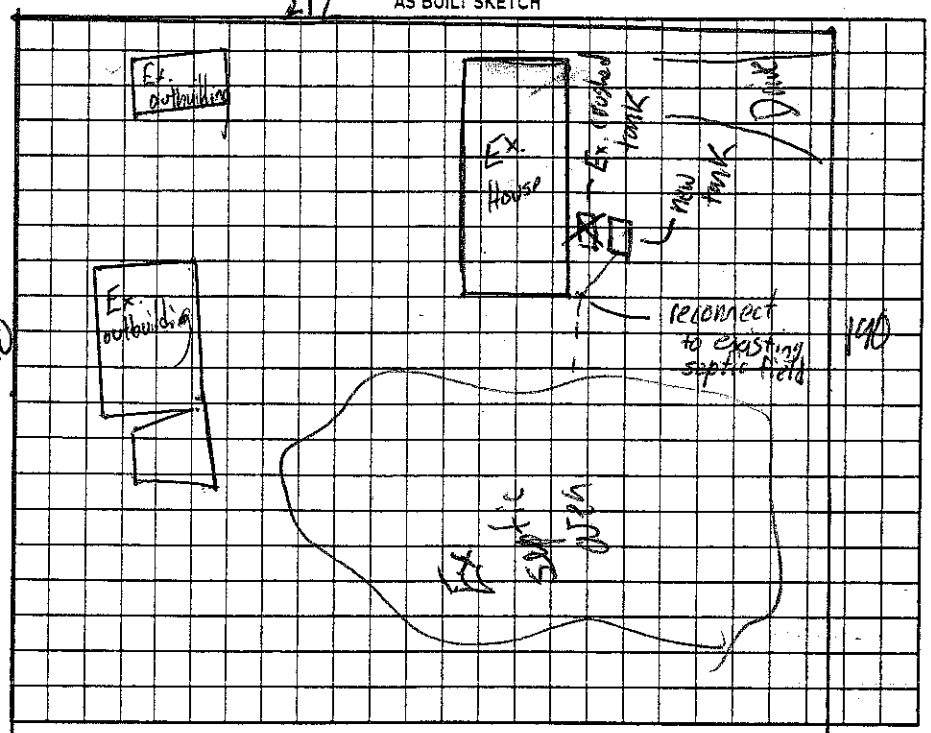
☐ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

Comments:/Conditions: 1) Pump septic tank before crushing and filling existing tank with soil

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: Edgar Barnett date 9-13-06

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date 9/11/06

Installed by: Wes Lytton

Operation Permit by: _____ date 9-22-06

Existing System Inspection by: _____ date _____

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