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 4-21-98

OWNER OR CONTRACTOR DWIGHT DANIELS PHONE: Business Home 876-1573

ADDRESS 2647 S. CHIPLEY FORD, STATESVILLE, NC 28625

LOCATION NC 115 N, TR S. CHIPLEY FORD, 2ND HOUSE ON LEFT BEFORE SOUTH RIVER BAPT. CH.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA LIMITED SITE CLASS. PS DESIGN FLOW 240 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 240 Linear Feet 80

No Lines 1 Trench Width 36 Max Trench Bottom Depth 36 Gravel Depth 18"

☐ 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 1

☐ Business No. Employees _____

☐ Other _____

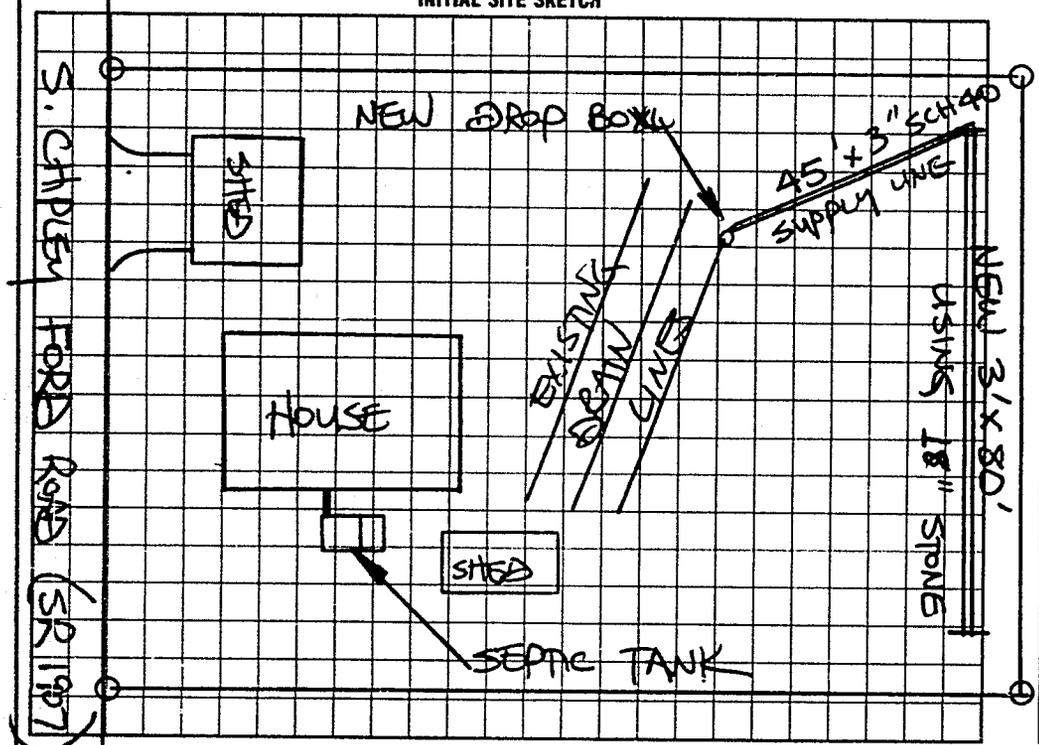
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Public
☐ Community
WELL

Comments:/Conditions: ① OPEN OUTLET END OF SEPTIC TANK & CHECK SANITARY TEE REPLACE IF NECESSARY, CHECK FOR OBSTRUCTION AT OUTLET END ② INSTALL NEW DROP BOX & 3'x80' DRAINLINE AS SHOWN.

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO INITAL SITE SKETCH

I understand that this 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: Andy Daniels date 4-21-98 Installed by: ANDY DANIELS

Improvement Permit by: STEVE HEDRICK date 4-21-98 Operation Permit by: STEVE HEDRICK date 5-6-98

Authorization to Construct by: STEVE HEDRICK date 4-21-98 Existing System Inspection by: _____ date _____

HEALTH DEPT COPY WHITE INSPECTION COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) GOLD

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