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 5-11-98

OWNER OR CONTRACTOR Maria Braga PHONE: Business 871 9393 Home 871 2338

ADDRESS 207 White Mill Rd, Statesville

LOCATION Shelton Ave TL Amity Hill Rd TL White Mill Rd 3rd house on (L)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. 250-

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 210'

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

☐ New System ☒ Repair System Type: I, (II), III, IV, V, VI

System Description: _____

Repair System Description: Gravity Conventional

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

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

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions:

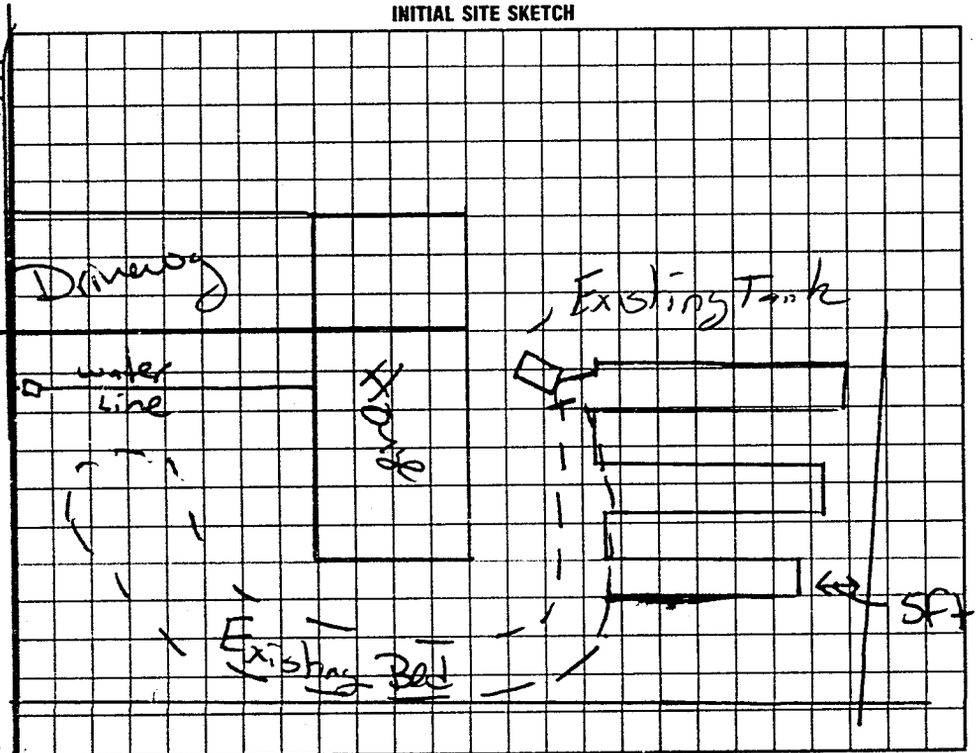
Run lines continous Keep lines 5ft from property line, use 18in Stone

Comments:/Conditions:

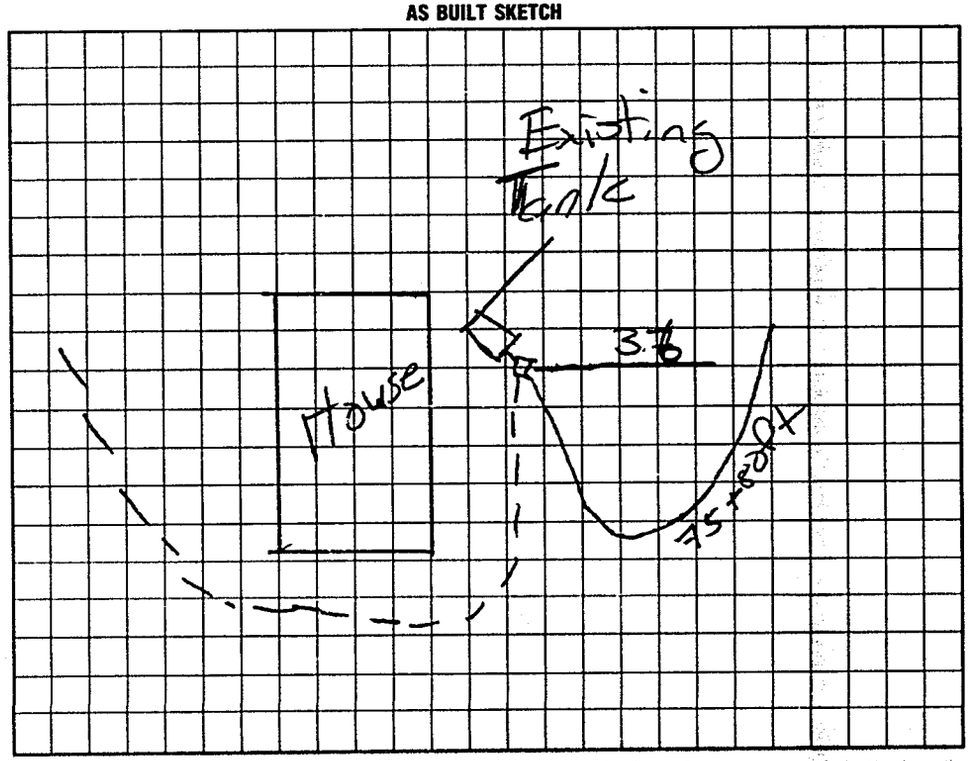
20 to 24 inches Stone

White Mill

INITIAL SITE SKETCH



AS BUILT 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: Maria C Braga date _____ Installed by: R. Wood

Improvement Permit by: Mark Cox RS date 5-11-98 Operation Permit by: Mark Cox RS date 6-5-98

Authorization to Construct by: Mark Cox RS date 5-11-98 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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