IREDELL COUNTY HEALTH DEPARTMENT

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

(9.30-10.00)

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

PERMIT# 089214 PIN# 4747074996

OWNER OR CONTRACTOR LORI McNABB PHONE: Business 876-6224 Home DATE 5-22-00

ADDRESS 117 VIRGINIA RIDGE LANE, STATESVILLE, NC 28677

LOCATION NC 115 N, TR S. CHIPLEY FORD, TR NIXON RD, TL MASON-DIXON, TL VIRGINIA RIDGE, ON (L) MT #117

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.01 ACRES SITE CLASS P3 DESIGN FLOW 480 L.T.A.R. 0.4 GPD/FT²

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 300 Linear Feet 100

No Lines ONE Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I II III IV V VI

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth 12" ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

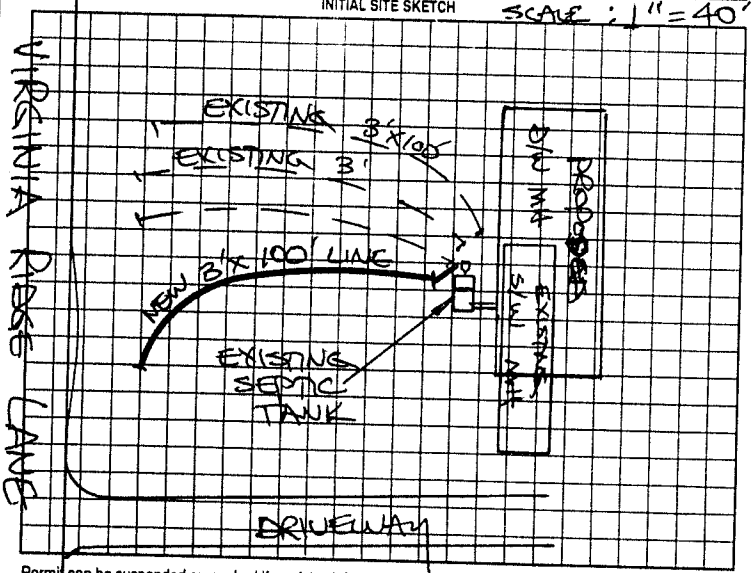
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: EXPAND EXISTING SYSTEM BY ADDING NEW 3' X 100' LINE AS FLAGGED ON SITE.

Comments:/Conditions:

INITIAL SITE SKETCH SCALE: 1" = 40'



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: X [signature] date 5/22/00

Improvement Permit by: STEVE HEDRICK date 5-22-00

Authorization to Construct by: STEVE HEDRICK date 5-22-00

Installed by: JEFF McNABB - SELF INSTALLED

Operation Permit by: [signature] date 5/30/00

Existing System Inspection by: _____ date _____

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