3:00

IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☒ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # Repair PIN # 4746451719 DATE 10-5-10

OWNER Margarie Neely APPLICANT: " PHONE: Home/Cell # 704 657 6060 Business #

SITE ADDRESS 181 E. Edison OWNER / APPLICANT ADDRESS 181 E. Edison

SITE DIRECTIONS 21 N; (L) Shumaker; 2nd street to right - E. Edison, 1st house on right.

SUBDIVISION Iredell Heights BLOCK / SECTION LOT # 819-824 LOT AREA DESIGN FLOW Ex (360) L.T.A.R. N/A ex.

Septic Tank 1000 Gallons: STB 794 Date 9-8-10 | ☐ New System ☒ Repair ☐ Expansion System Type I (II) III IV V VI | ☒ Residence No. Bedrooms 3 | Water Supply

Pump Tank Gallons: P T Date | System Description: Existing | ☐ Business No. Persons | ☐ Private

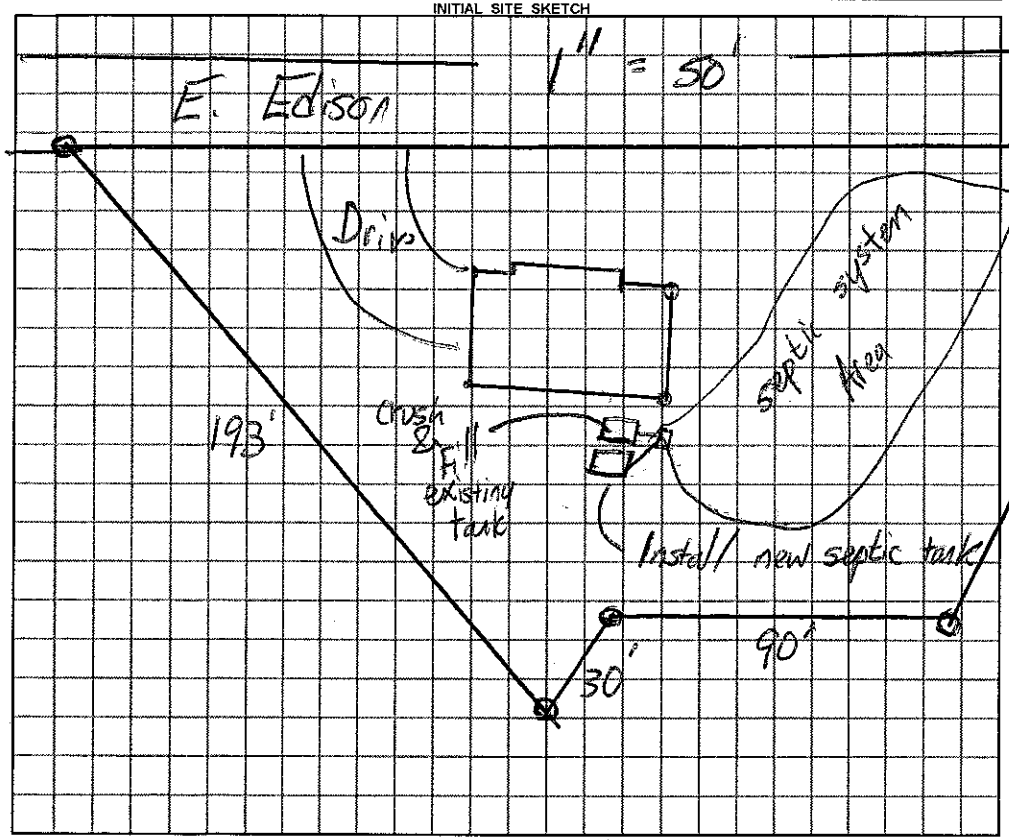
Pump Make Model Serial # | Repair System Description: Tank Replacement | ☐ Other No. Employees | ☒ Public

No. Nitrification Fields: 1 No. Lines Ex Linear Feet Ex | Maintenance Agreement Required ☐ YES ☒ NO | ☐ Slab ☒ Crawl Space | ☐ Community

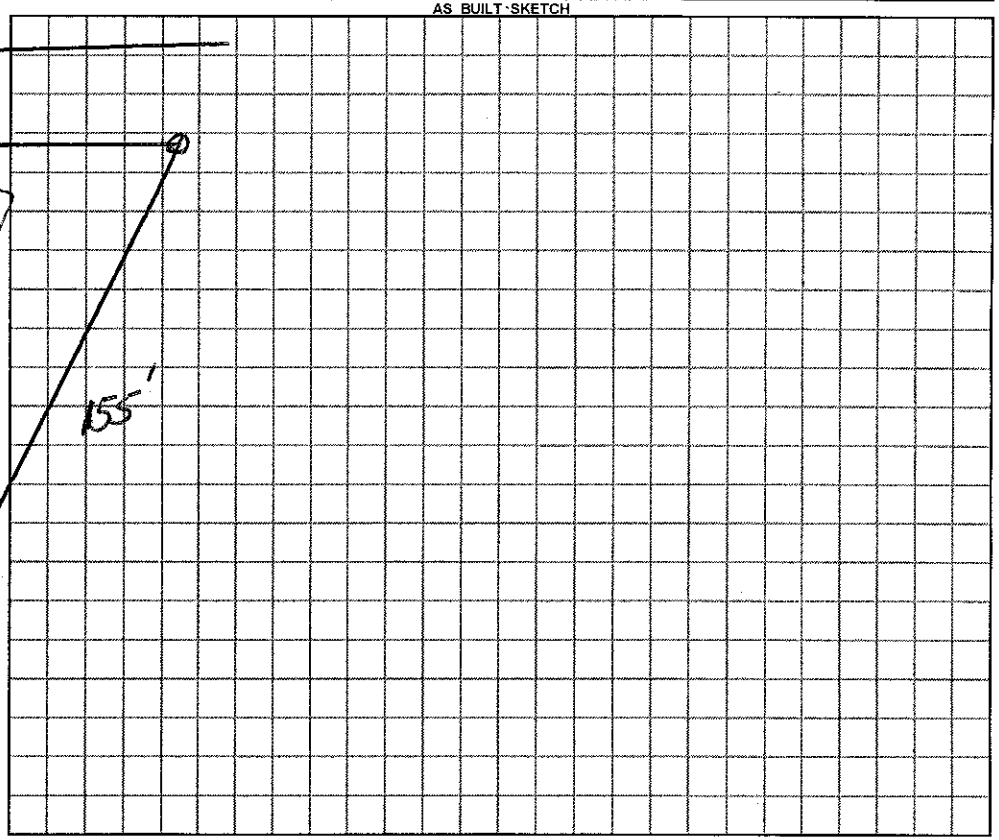
Trench Width Ex Max. Trench Bottom Depth Ex Gravel Depth Ex. | ☒ GRAVITY ☐ PRESSURE | ☐ Basement w/plumbing ☐ Basement w/o plumbing

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 ~~plat valid without expiration~~ site plan valid 60 mos ☒ ***AUTHORIZATION TO CONSTRUCT*** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature [signature] Date Installed by: James Huddler

IMPROVEMENT PERMIT by: [signature] ***REHS*** Date 10-5-10 OPERATION PERMIT by: [signature] ***REHS*** Date 10-14-10

AUTHORIZATION TO CONSTRUCT by: [signature] ***REHS*** Date 10-5-10 Existing System Inspected by: ***REHS*** Date

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy -- Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant