IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# _____ DATE 12-5-00

OWNER OR CONTRACTOR RICKY ISENHOUR PHONE: Business _____ Home 876-1511

ADDRESS 160 E. EDISON DR STATESVILLE, NC 28625

LOCATION US 21 N, TL E. EDISON DR, LOT ON RIGHT AT # 160

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA LIMITED SITE CLASS P3 DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: 1000 Gallons: STB 1007 Date 9-6-00

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet EXISTING

No Lines EXISTING Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

~~New System~~ ☑ Repair System Type: I (II) III IV V VI

System Description: _____

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

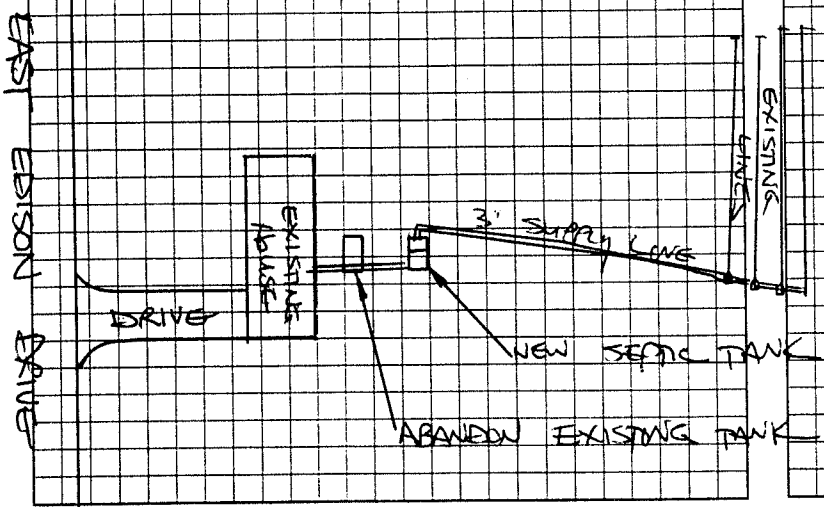
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: REPLACE EXISTING SEPTIC TANK WITH NEW TANK AT LOCATION SHOWN

Comments/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO INITIAL SITE 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: _____ date 12.5.00 Installed by: JODY TRAVIS

Improvement Permit by: STEVE HENDRICK date 12-5-00 Operation Permit by: STEVE HENDRICK date 12-12-00

Authorization to Construct by: STEVE HENDRICK date 12-5-00 Existing System Inspection by: _____ date _____

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