IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 83070 PIN# 4746 75 4567 DATE 8-6-99

OWNER OR CONTRACTOR Trevla Haire PHONE: Business _____ Home 876 3974

ADDRESS 1670 East Broad Street Statesville N.C.

LOCATION 21N TR Strawberry Ln on rt.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.0 acre SITE CLASS _____ DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 794 Date 9-25-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: Conv. Gravity
Repair System Description: " "
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

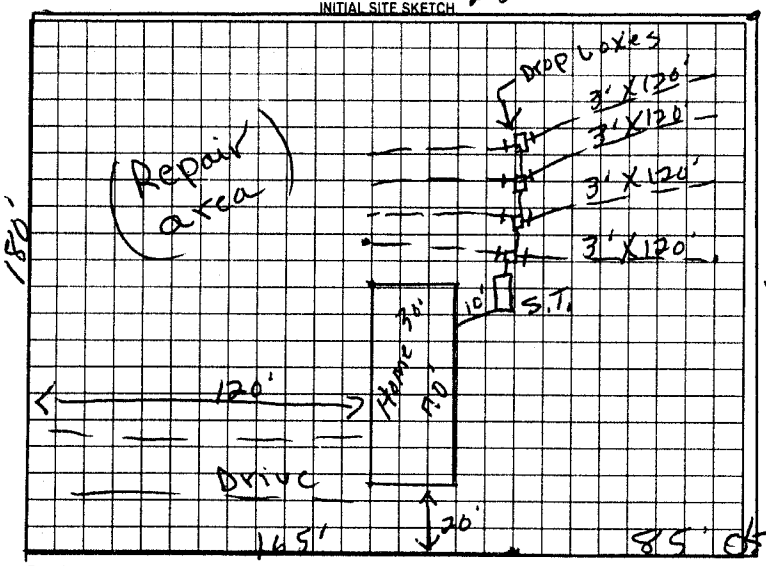
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

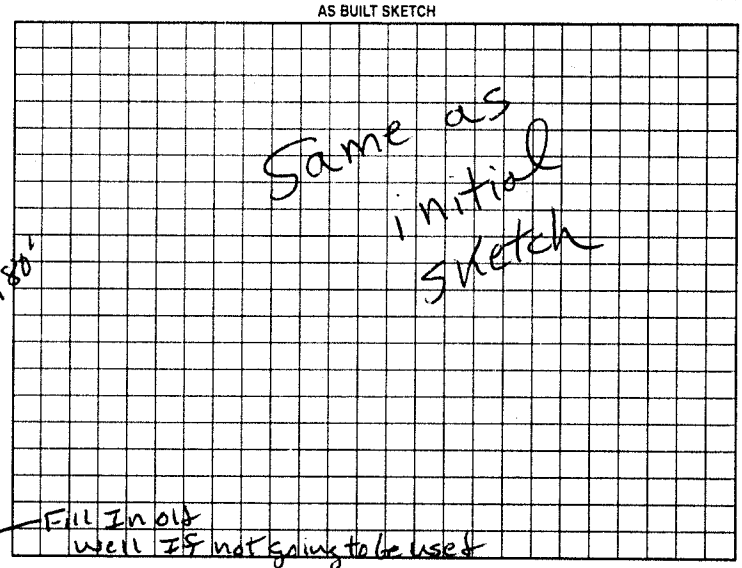
Comments/Conditions:

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 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: Trevla H Haire date _____ Installed by: Big M Const. (Lincoln Co.)

Improvement Permit by: P.C. Moore date 8-6-99 Operation Permit by: P.C. Moore date 12-16-99

Authorization to Construct by: P.C. Moore date 8-6-99 Existing System Inspection by: _____ date _____

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