IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 120370 PIN# 4749-94-7770 DATE 5-10-04

OWNER OR CONTRACTOR Tony Harris PHONE: Business _____ Home (704) 876-4035

ADDRESS 115 Woodpecker Rd Statesville NC 28677

LOCATION I-77 Tomlin Mill Rd (L) Tomlin Mill Rd (R) Woodpecker Rd prop on left past picket fence

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 21.83 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. Existing

Septic Tank: 1000 Exist Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 Existing Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Con. Gravity

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

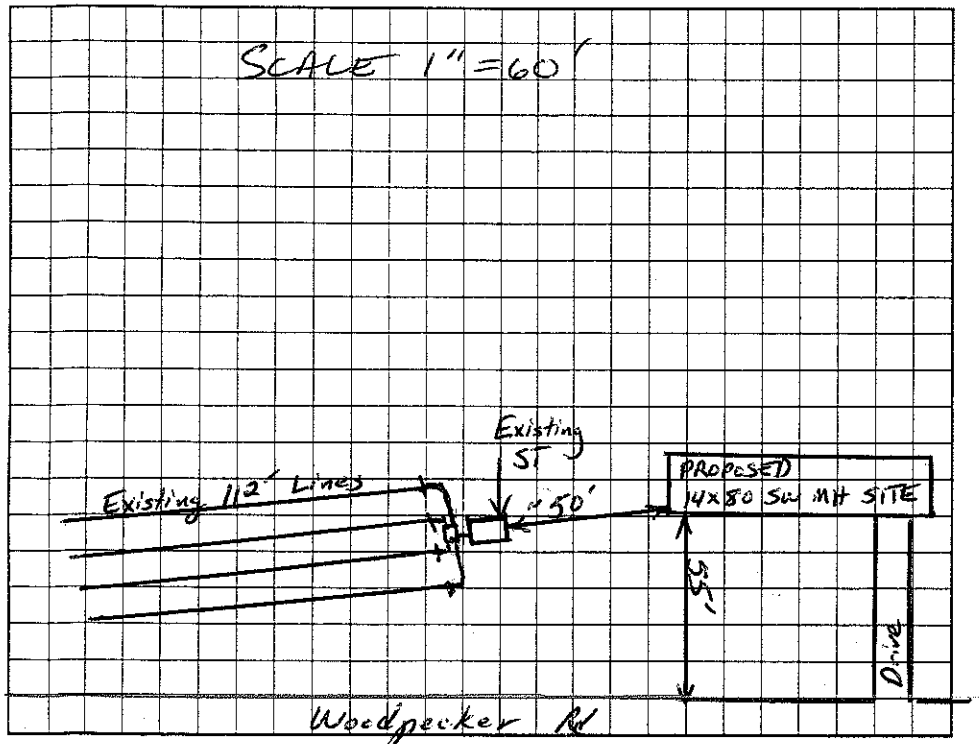
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Public
☐ Community

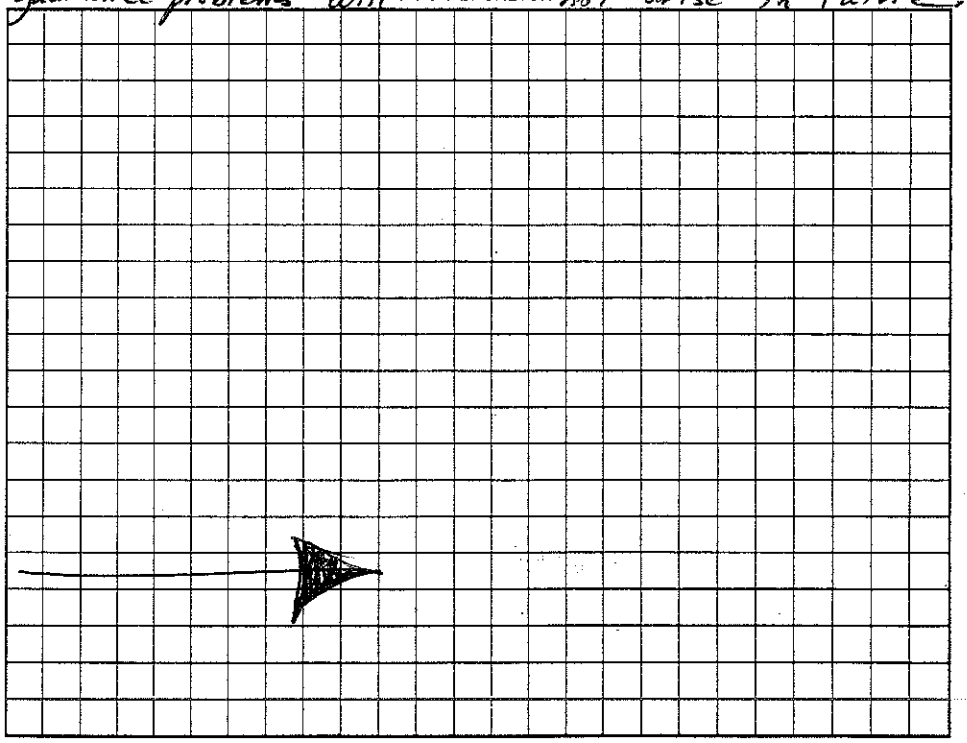
Comments:/Conditions:

Comments:/Conditions: (1) System functioning properly at time of inspection (2) Permission given to construct proposed structure (3) New structure shall not increase number of bedrooms on existing system (4) This inspection is a visual inspection only. There is no guarantee problems will not arise in future.

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: _____ date _____ Installed by: Tony Harris

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Christopher M. Hill date 5-10-04

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