IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# DATE 5-25-00

OWNER OR CONTRACTOR Joe Coveney PHONE: Business Home

ADDRESS 1819 Barkley Rd Statesville NC

LOCATION 70 E TR Barkley Rd #1819 on left

SUBDIVISION BLOCK / SECTION LOT LOT AREA SITE CLASS P/S DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Ex Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet Linear Feet 120±

No Lines 2 Trench Width 36 Max Trench Bottom Depth 36

☐ New System ☒ Repair System Type I. II. III. IV. V. VI

System Description: Ex

Repair System Description: Gravity Conventional

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☐ Other water only

Gravel Depth 18-24in ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

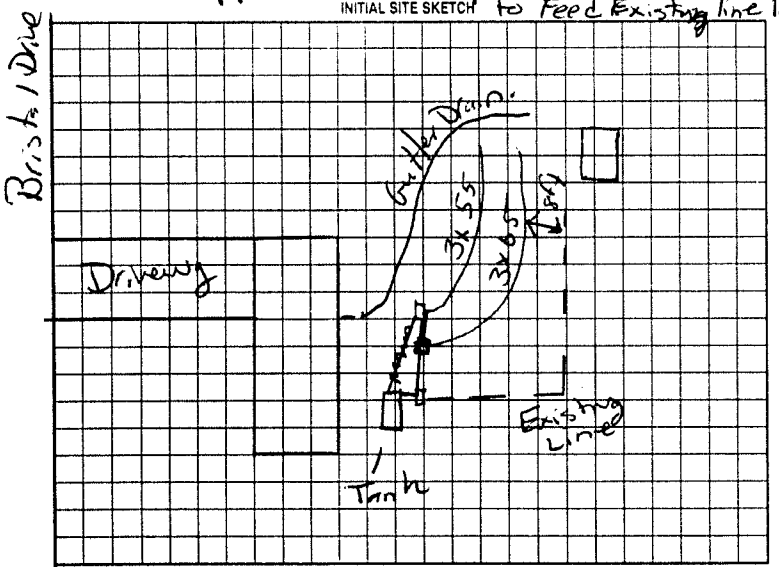
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: Install 2 lines on contour upper line will be slightly deeper than 36in 4ft 18-24 Rastone Feed upper line First if possible - Need to Feed Existing line last

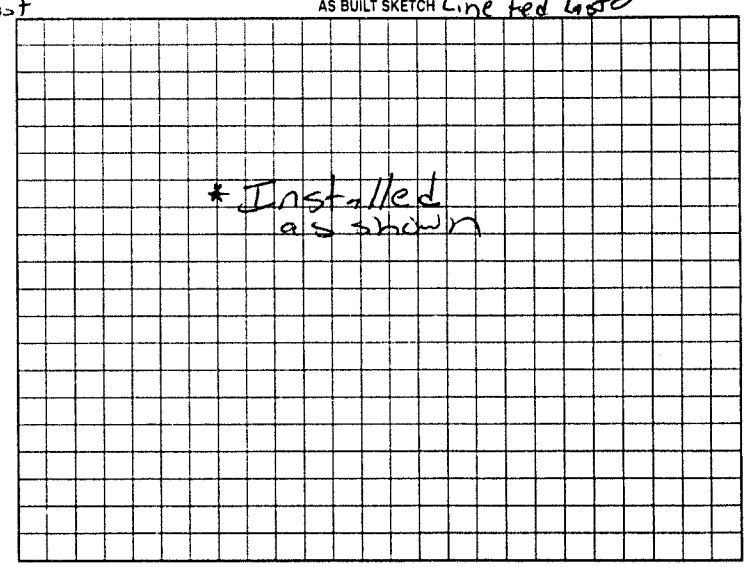
Comments/Conditions

* Gutter Drain Found thru old system move diverted around. 3 New lines Fed 1 Box even existing

INITIAL SITE SKETCH



AS BUILT SKETCH Line Fed Last



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 Neil Greene date

Improvement Permit by: Mary C Ott RS date 5-25-00

Authorization to Construct by: Mary C Ott RS date 5-25-00

Installed by: Wes Lyttton

Operation Permit by: Mary C Ott RS date 7-27-00

Existing System Inspection by: date

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