# 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# 4753-61-4173 DATE 9-2-05

OWNER OR CONTRACTOR JAMES G. ORBISON PHONE: Business Home 704-873-0587

ADDRESS 145 HOMESTEAD ESTATE DRIVE, STATESVILLE, NC 28677

LOCATION US 70 EAST, TR SMITH ROAD, TR HOMESTEAD ESTATE DRIVE, 3RD ON LEFT AT #145

SUBDIVISION HOMESTEAD BLOCK / SECTION LOT 16 LOT AREA 100 x 202 SITE CLASS PS DESIGN FLOW 240 L.T.A.R. EXISTING

Septic Tank: EXISTING 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 Trench Width Max Trench Bottom Depth Gravel Depth

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

System Description:

Repair System Description: CONVENTIONAL, GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☐ Other

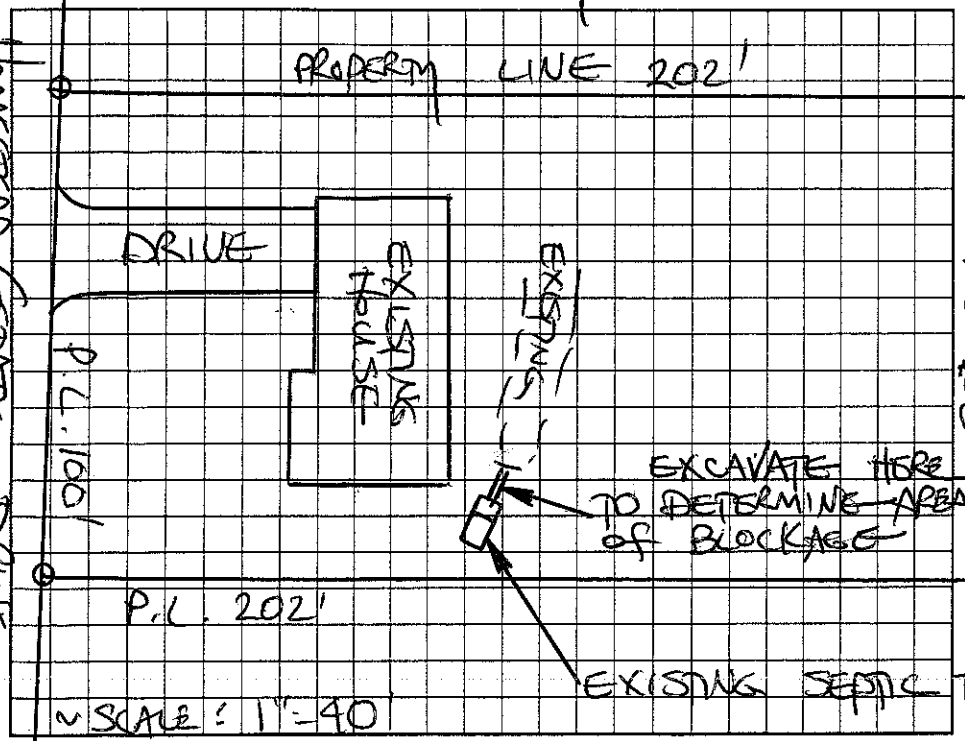
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☑ Community

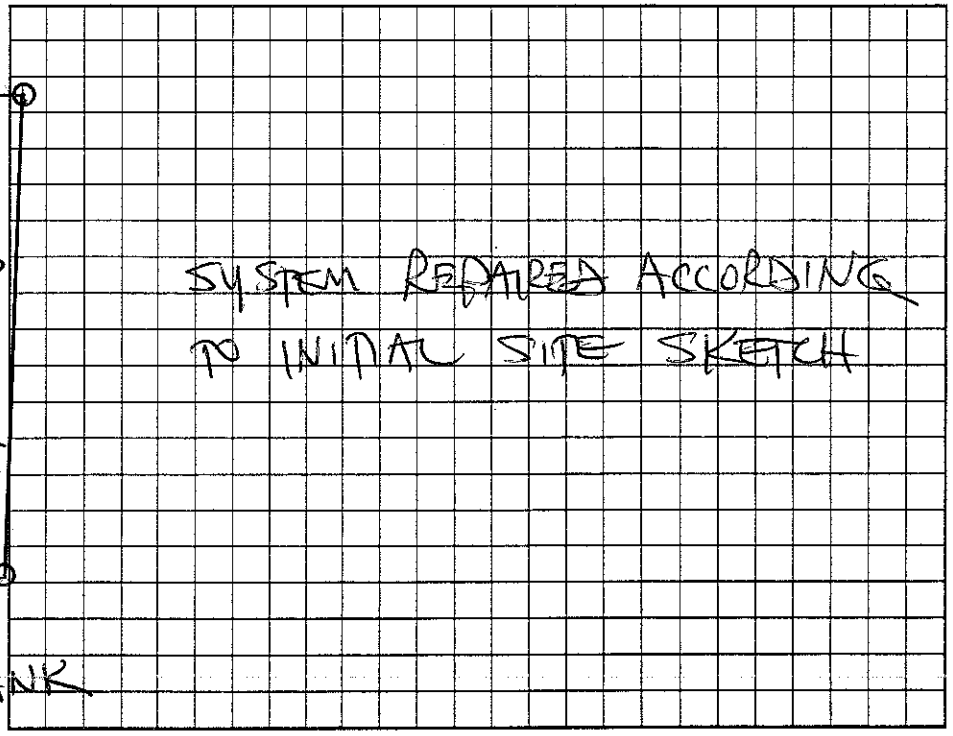
Comments:/Conditions: PUMP OUT EXISTING SEPTIC TANK, REPLACE SANITARY TEE, EXCAVATE SUPPLY LINE TO DETERMINE AREA of BLOCKAGE, REPLACE AS NECESSARY

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: James G. Orbison date 9-2-05 Installed by: JARED LENTZ

Improvement Permit by: STEVE HEDRICK date 9-2-05 Operation Permit by: STEVE HEDRICK date 9-26-05

Authorization to Construct by: STEVE HEDRICK date 9-2-05 Existing System Inspection by: date

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