# IREDELL COUNTY HEALTH DEPARTMENT

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

Existing System

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

PERMIT# 90416 PIN# 4754-33-7694 DATE 6-17-00

OWNER OR CONTRACTOR Bobby Holmes PHONE: Business _____ Home 872-2277

ADDRESS same

LOCATION 1128 Freedom Dr., Statesville, N.C.

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

Septic Tank: Existing Unknown Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: Trench, No Fields ____ Square Feet _____ Linear Feet _____

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: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

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

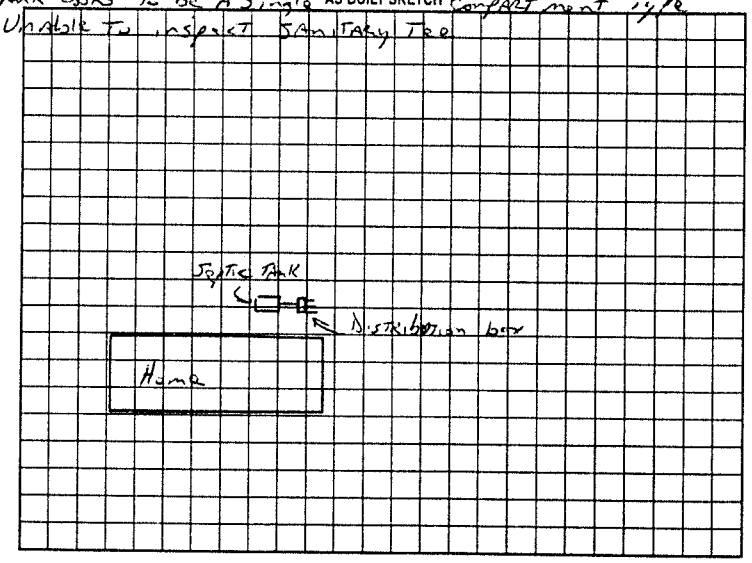
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: Recommend having Tank pumped & Sanitary outlet Tee installed if one is not there. Keep home & Decks 5 FT min from Septic Tank & System

Comments/Conditions: A) Unable To Locate orginal Permit
B) No Signs of Failure Seen AT this Time
C) Lot had been cleared disturbing To of ground
D) Tank uncovered ~~W/A Box~~ Distribution box. Distribution has 3 outlet Tank Looks To be A Single compartment Type
Unable To inspect Sanitary Tee

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 _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: A. C. Potter date June 17 2000

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