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# 4754-34-9771 DATE 3-25-03

OWNER OR CONTRACTOR JEANETTE F. STACKHOUSE PHONE: Business _____ Home 704-873-2969

ADDRESS 2416 COLLETTA AVE, STATESVILLE, NC 28677

LOCATION GREENBRIAR ROAD, TO KING STREET, TL AT END, COLLETTA ST, 3RD HOUSE ON LEFT

SUBDIVISION HOPE BROS BLOCK / SECTION _____ LOT 66 LOT AREA 97' x 160' SITE CLASS. PS DESIGN FLOW 360 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 255 Linear Feet 85

No Lines ONE Trench Width 36" Max Trench Bottom Depth 36" +- Gravel Depth 24"

☐ 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 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

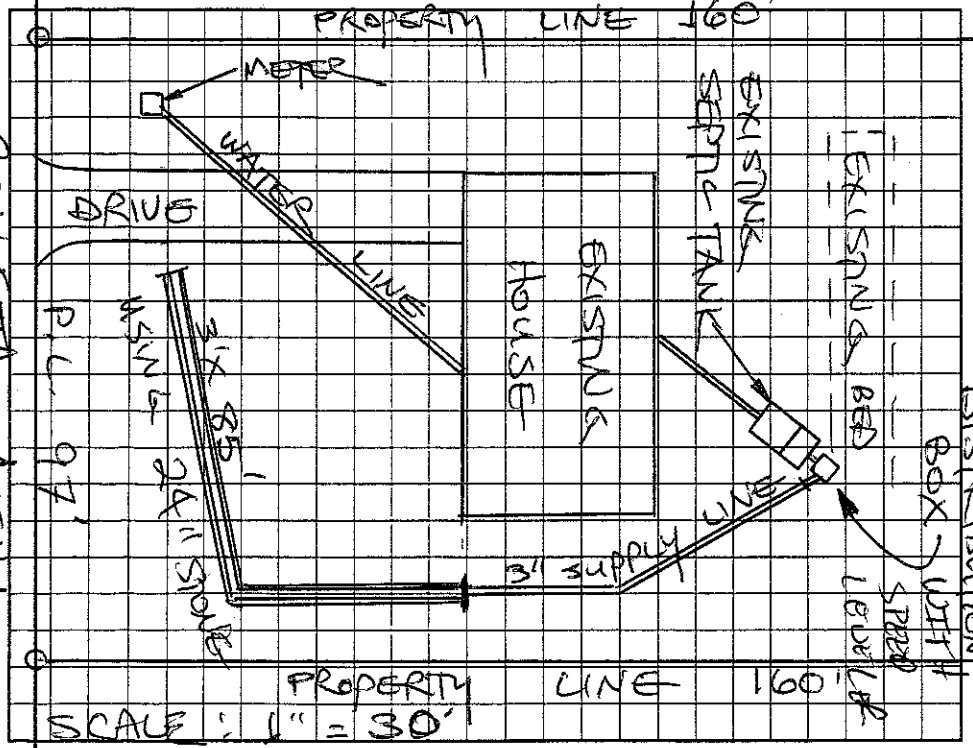
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

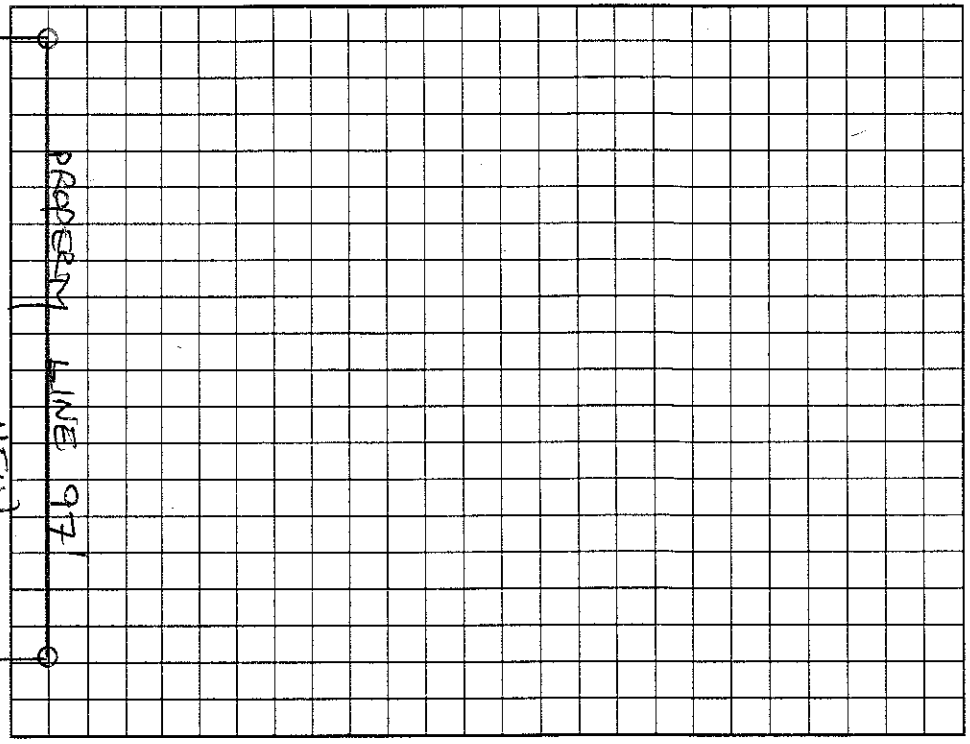
Comments/Conditions: ① SET NEW DISTRIBUTION BOX AT LOCATION SHOWN, AS SHALLOW AS POSSIBLE ② INSTALL NEW 3' x 85' LINE USING 24 INCHES STONE.

Comments/Conditions: INSTALLED NEW TEE & PUT SPEED LEVELER IN BOX. PUMPED TANK & TOLD HOME OWNER HE/SHE HAS A LEAK THAT NEEDS FIXED. RAN IN SOCKS FOR 3 DAYS WHILE SYSTEM WAS INSTALLED.

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 3-25-03 Installed by: WES LITTON

Improvement Permit by: STEVE HEDRICK date 3-25-03 Operation Permit by: _____ date 7-25-03

Authorization to Construct by: STEVE HEDRICK date 3-25-03 Existing System Inspection by: _____ date _____

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