IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 10761 CITY PIN# 4754-42-1747 DATE 8-14-01

OWNER OR CONTRACTOR RAY HARDY PHONE: Business _____ Home 704-883-8701

ADDRESS 2411 EAST GREENBRIAR RD STATESVILLE, NC 28677

LOCATION EAST BROAD, (E) EAST SIDE DC, (L) GREENBRIAR (R) AT BOX # 2411

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS _____ DESIGN FLOW 240 L.T.A.R. _____

Septic Tank: ~~EXISTING~~ Gallons: STB _____ Date _____
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: 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 No. Bedrooms 2
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

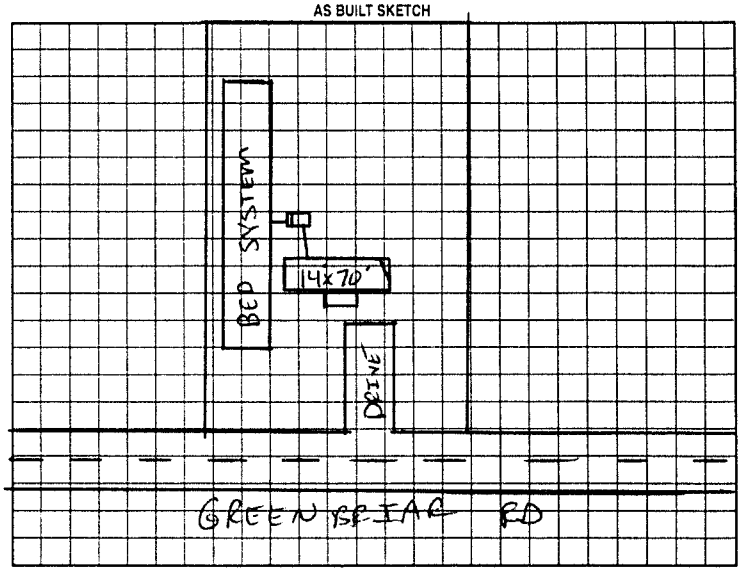
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: (1) SYSTEM HAS 3 BEDROOM ON IT NOW AT TIME OF CHECK NO SIGNS OF FAILURE (2) Putting on a 2 BEDROOM (3) MAINTAIN SETBACKS (4) REPAIRED BED SYSTEM 3≈4 YEARS AGO & NO RECORD ON FILES!

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: Ray Hardy date _____ Installed by: _____

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

Authorization to Construct by: _____ date _____ Existing System Inspection by: Tim Cook KS date 8-14-01

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