IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# 4754443 3932 DATE 3-1-01

OWNER OR CONTRACTOR LINDA WHITE PHONE: Business _____ Home 878-6997

ADDRESS 1103 KING ST Statesville, NC 28677

LOCATION GREENHILL, (R) KING, 9th House on Right (2459)

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

Septic Tank: ~~1000~~ Gallons; STB EXISTING Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields ___ Square Feet _____ Linear Feet _____
No Lines 2 Trench Width 36" Max Trench Bottom Depth _____

☐ New System ☒ Repair System Type: I (II) III. IV. V
System Description: _____
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☐ No

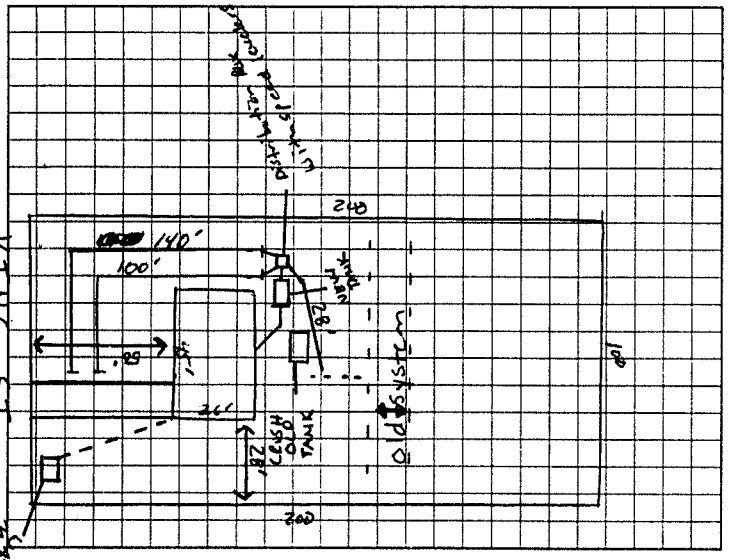
☒ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 1
☐ Business No. Employees ___
☐ Other _____

Gravel Depth 24" ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

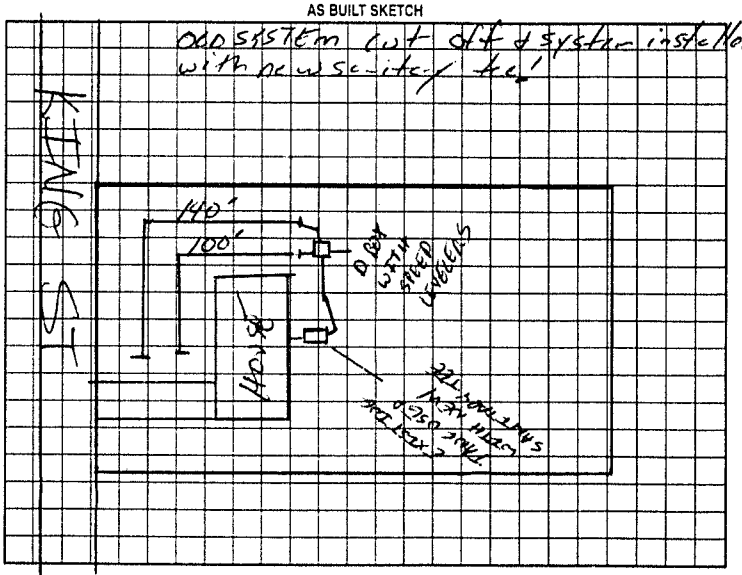
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: (1) INSTALL TWO LINES WITH 24" of stone. (2) Locate and MARK Utilities (3) ~~Crush old tank & install new tank~~ (4) ~~Feed old system last with spud tractor~~ (5) THIS PERMIT IS NOTICE OF VIOLATION & must be repaired within 30days.

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 Linda White date 3/1/01 Installed by: BARRY STAMON,

Improvement Permit by: Jim Cook RSI date 3-1-01 Operation Permit by: Jim Cook RSI date 03-19-01

Authorization to Construct by: Jim Cook RSI date 3-1-01 Existing System Inspection by: _____ date _____

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