86286

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Statesville PIN# 4754-52-3222 DATE 10-26-99

OWNER OR CONTRACTOR Terrie A. Nesbitt PHONE: Business _____ Home 873 1586

ADDRESS 1216 mt olive Statesville

LOCATION Greenbrair Rd Turn mt olive Rd 1.7 acres

SUBDIVISION Betty Evan Prop BLOCK / SECTION _____ LOT 3 LOT AREA ~~3 acres~~ 1.7 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 1.3

Septic Tank: 1000 Gallons; STB 1072 Date 8-14-99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conv. Gravity "

Repair System Description: _____ "

Maintenance Agreement Required: ☐ Yes ☑ No

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

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community

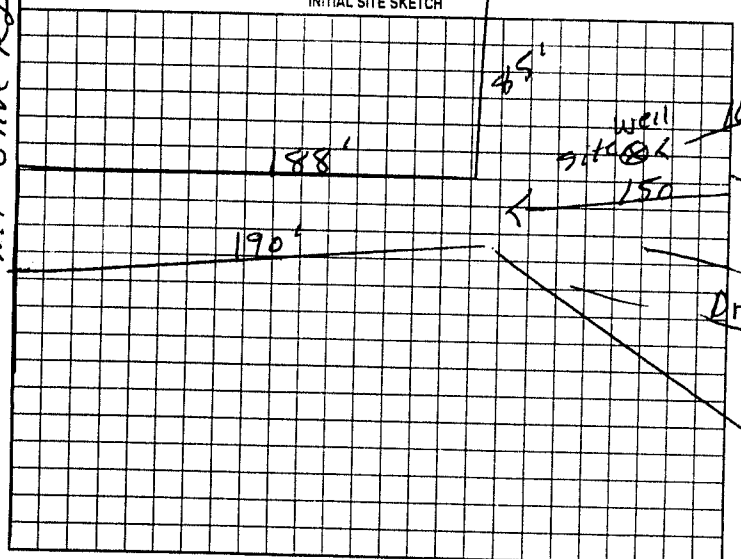
Comments:/Conditions:

Replaces Permit Issued 12-11-97

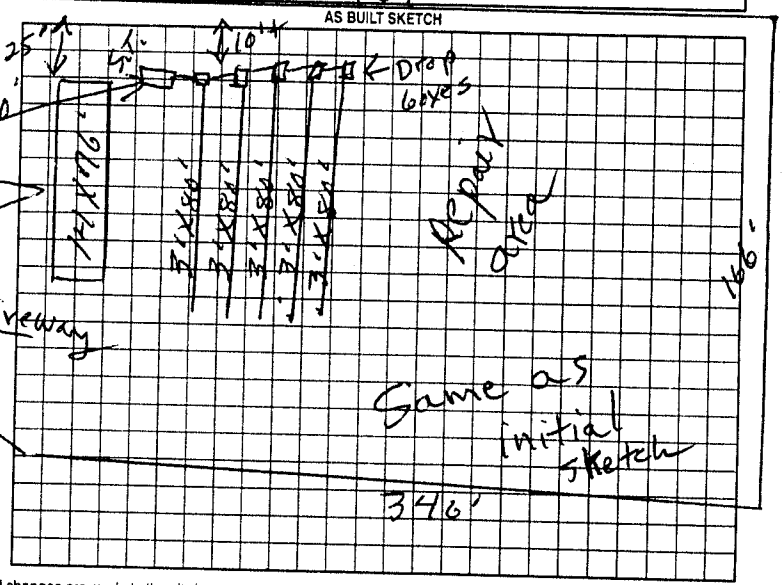
Comments:/Conditions.

454'

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: Terrie A Nesbitt date 10-26-99 Installed by: Kenny Madison

Improvement Permit by: R. C. Moore date 10-26-99 Operation Permit by: R. C. Moore date 10-26-99

Authorization to Construct by: R. C. Moore date 10-26-99 Existing System Inspection by: _____ date _____

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