IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# _____ DATE 7-23-99

OWNER OR CONTRACTOR Randy Myers PHONE: Business 878 0616 Home _____

ADDRESS 2534 Hickory Hwy

LOCATION 2625 E. Greenbrair Rd

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ~~1~~ 1/2 acre SITE CLASS PS DESIGN FLOW 240 L.T.A.R. 1.3

Septic Tank: ~~EX~~ Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 450 Linear Feet ~~150~~

No Lines 2 Trench Width 72" Max Trench Bottom Depth 36" Gravel Depth 18"

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

System Description: _____

Repair System Description: Conv. Gravity

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees _____

☐ Other _____

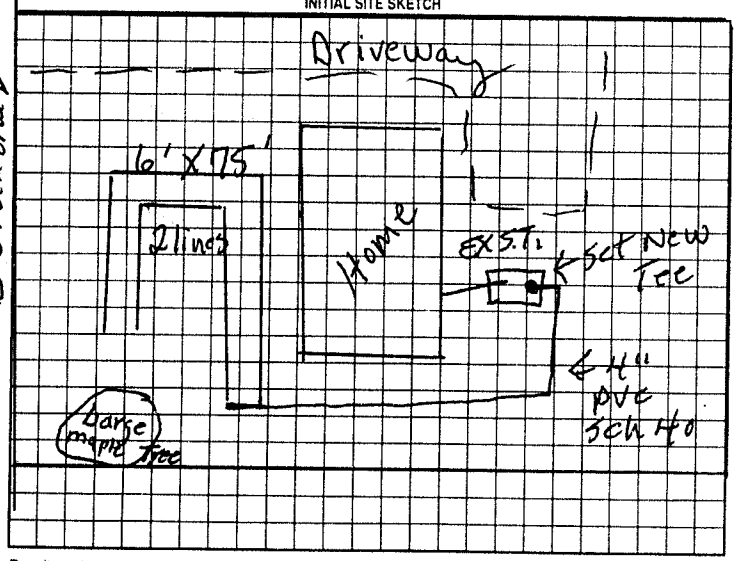
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

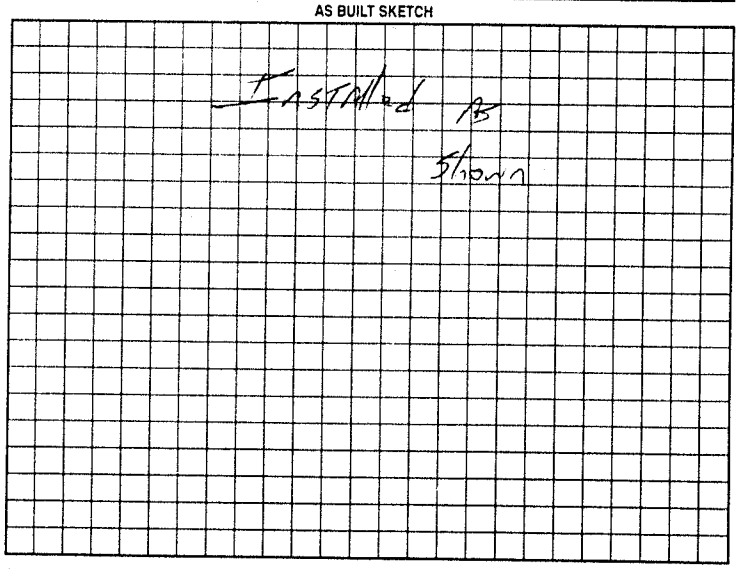
Comments:/Conditions:

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: X. Randy Myers date _____

Improvement Permit by: J. C. Moore date 7-23-99

Authorization to Construct by: J. C. Moore date 7-27-99

Installed by: Bill Adams

Operation Permit by: _____ date 8-13-99

Existing System Inspection By: _____ date _____

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