IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 777766 PIN# 4756 09 6836 DATE 11-19-98

OWNER OR CONTRACTOR Julie Harris PHONE: Business Home 876 6695

ADDRESS 105 Ray Ln Statesville, N.C.

LOCATION 21 N Ray TR Ray Ln at end

SUBDIVISION BLOCK / SECTION LOT 8 LOT AREA SITE CLASS. DESIGN FLOW L.T.A.R.

Septic Tank: 1000 Gallons; STB Date
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields Square Feet Linear Feet 250
No Lines 4 Trench Width Max Trench Bottom 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 ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 2 No. Bathrooms 2 No. Employees

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

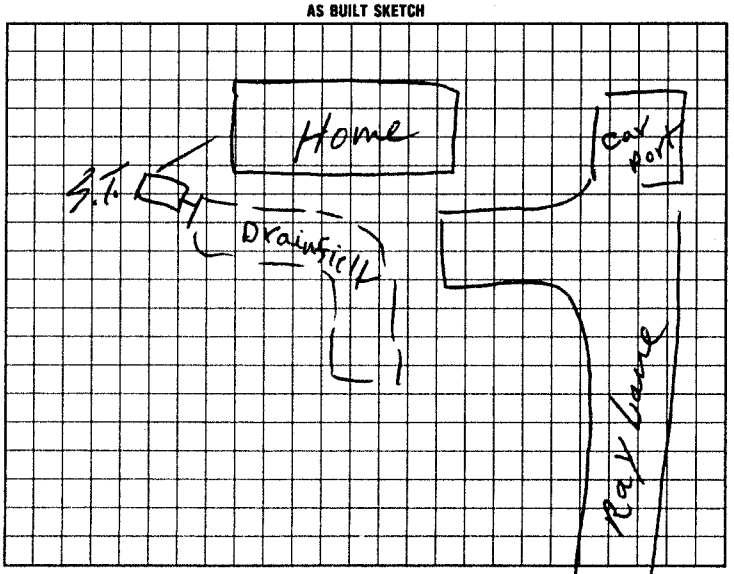
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

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INITIAL SITE SKETCH

AS BUILT SKETCH



I understand that this 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

Improvement Permit by: date

Authorization to Construct by: date

Installed by: Harlee Lackey 1970

Operation Permit by: date

Existing System Inspection by: L. C. Moore date 11-19-98

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