LOT 30 A

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 6-1-01

OWNER OR CONTRACTOR COUNTRY SIDE ESTATES PHONE: Business 704-450-7436 Home _____

ADDRESS LOT 30, 147 NEW MEXICO DR, STATESVILLE, NC 28625

LOCATION 21 N, @ JANE SOWERS, @ CRAWFORD, @ BROOKVIEW, @ NEW MEXICO ON LEFT

SUBDIVISION COUNTRY SIDE BLOCK / SECTION _____ LOT 30 A LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ 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 _____

☐ New System ☒ Repair System Type: I, II, III, IV, V, VI
System Description: CONV 6 Gal
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☐ No
Gravel Depth _____ ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

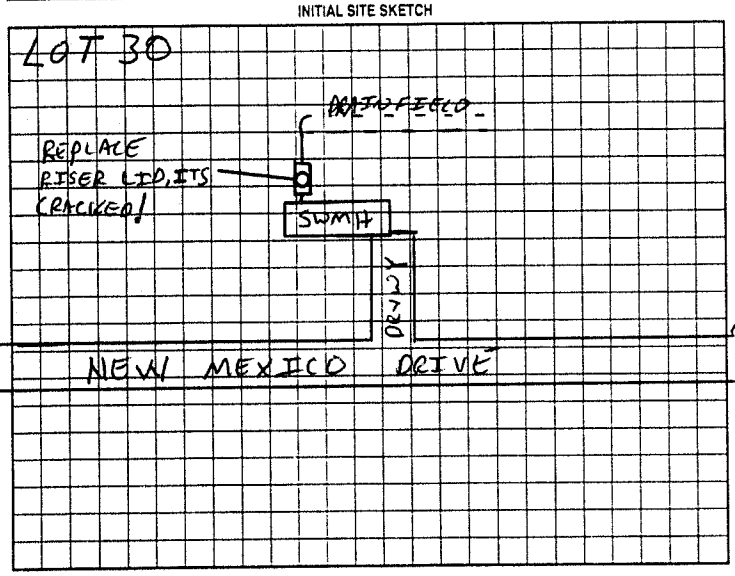
☒ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 1
☐ Business No. Employees ____
☐ Other _____

Water Supply:
☐ Individual
☒ Public
☐ Community

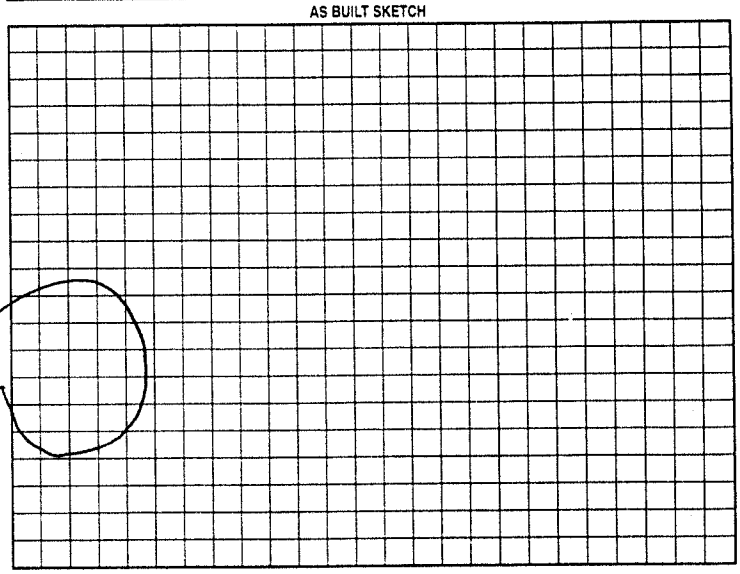
Comments/Conditions: ① REPLACE RISER LID: KIDS PLAY ON IT & WE'VE TOLD TO STAY AWAY FOR THEIR SAFETY.

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: Tracy D. Payne date 6-1-01
Improvement Permit by: D. Cook RSI date 6-1-01
Authorization to Construct by: D. Cook RSI date 6-1-01

Installed by: STEVE JORDAN
Operation Permit by: _____ date 11-5-01
Existing System Inspection by: _____ date _____

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