IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# DATE 6-7-00

OWNER OR CONTRACTOR KEVIN & CHARLEEN OSBOURNE PHONE: Business Home 876-0152

ADDRESS 166 BELLINGER ROAD STATESVILLE, NC 28625

LOCATION US 21 N, TR JANE SOWERS RD, TR BELLINGER RD, LOT ON LEFT AT #166

SUBDIVISION BLOCK / SECTION LOT LOT AREA SITE CLASS PS DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: EXISTING 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 TWO Trench Width 36 Max Trench Bottom Depth 36 Gravel Depth 12-1

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

System Description:

Repair System Description: CONVENTIONAL GRAVITY

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

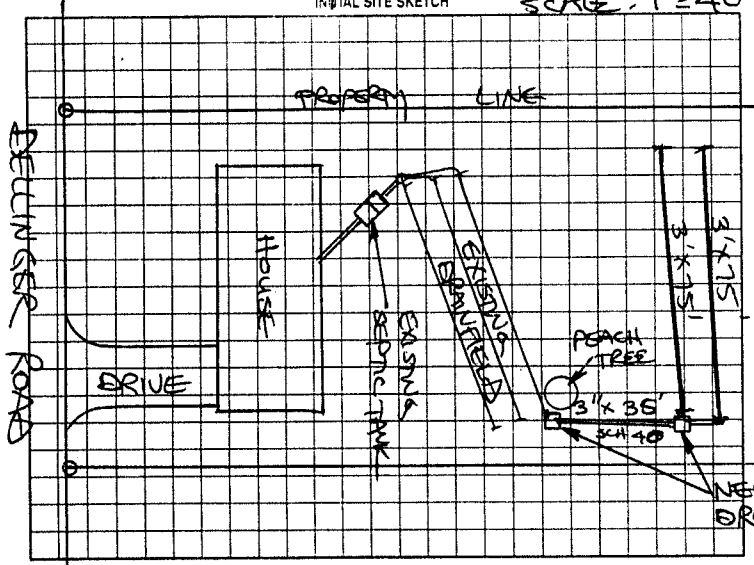
☐ Other

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: INSTALL NEW DROP BOXES AT LOCATIONS SHOWN FEEDING TWO NEW 3' x 75' LINES ON CONTOUR ② SYSTEM TO BE REPAIRED BY 7-7-2000

Comments /Conditions:

INITIAL SITE SKETCH SCALE: 1"=40'



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO INITIAL SITE 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: Charleen Osborne date 6-7-00

Improvement Permit by: STEVE HEDRICK date 6-7-00

Authorization to Construct by: STEVE HEDRICK date 6-7-00

Installed by: KNOX GRADING

Operation Permit by: STEVE HEDRICK date 6-19-2000

Existing System Inspection by: date

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