# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 79713 PIN# 4757253104 DATE 3 23 99

OWNER OR CONTRACTOR Virginia Sims PHONE: Business _____ Home 704 872 0922

ADDRESS 2717 S 76th St Philadelphia PA. 19153

LOCATION 21 N (b) Bethany Rd ¼ mile on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2 Ac SITE CLASS. P.S DESIGN FLOW 360 L.T.A.R .25

Septic Tank: 1000 Gallons; STB 1017 Date 5-29-99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 360 @ 25% Red. 36" Gravel Depth _____

No Lines 3 Trench Width 36" Max Trench Bottom Depth _____

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

System Description: Gravity 25% Reduction

Repair System Description: Pump 25-50% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

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

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

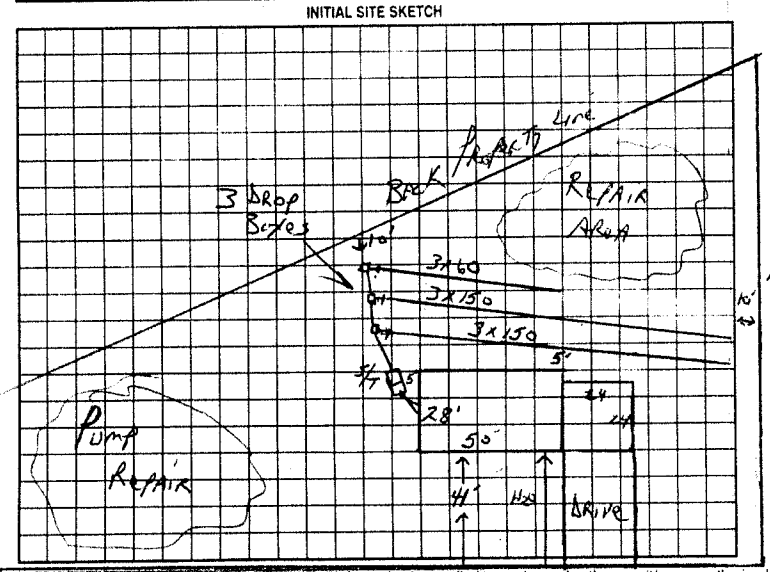
No. Bedrooms 3 No. Bathrooms 2½ No. Employees _____

Water Supply: ☐ Individual ☒ Public ☐ Community

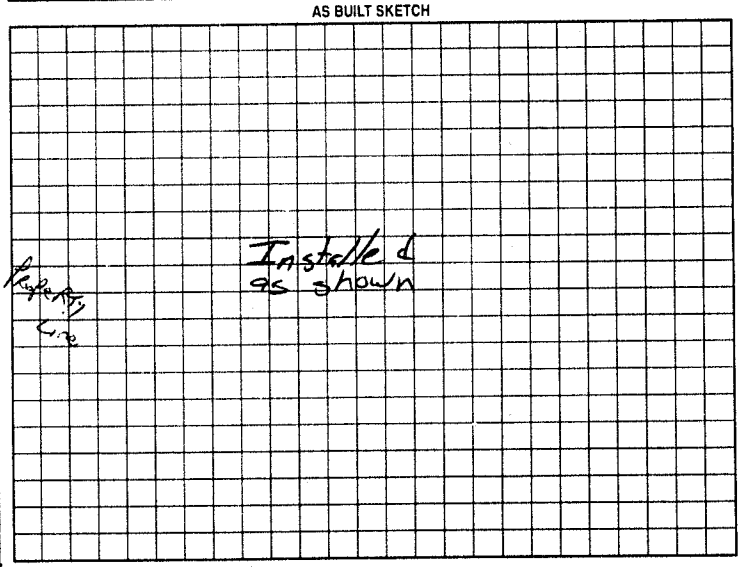
Comments/Conditions: Install lines on Contour 3 drop Boxes. KEEP 10ft off Property Lines & 5ft off Building foundation with Any part of Septic System

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: _____ date _____

Improvement Permit by: J. Potter date 3 23 99

Authorization to Construct by: J. Potter date 3 23 99

Installed by: Tommy Frye

Operation Permit by: _____ RS date 8-6-99

Existing System Inspection by: _____ date _____

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