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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 144967 PIN# 4757248 ~~757~~ 848 DATE 9-18-07

OWNER OR APPLICANT Patsy Combs PHONE: Business ____ Home 704-8760660

ADDRESS 160 Bethany RD Statesville NC 28625

LOCATION 21W (R) Bethany RD 1st house past Gilead RD on Right

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA 1.77 SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 8-8-07
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields ____ Square Feet 500 Linear Feet 200
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ____

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% Gravel
Repair System Description: 50% Lg Pipe
Maintenance Agreement Required: ☐ Yes ☑ No
☑ Gravity ☐ Pressure

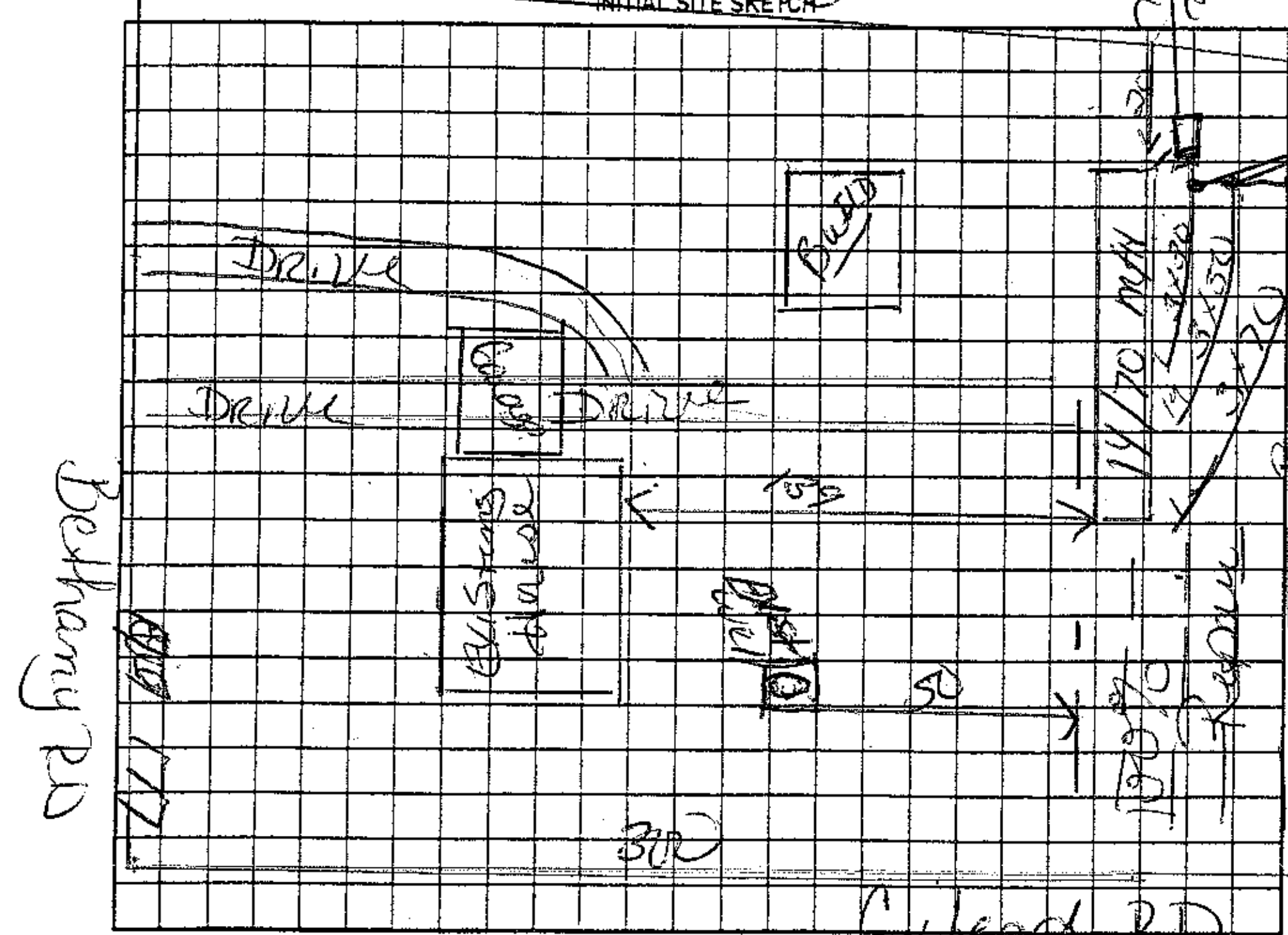
☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other ____
No. Bedrooms 2 No. Persons ____ No. Employees ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

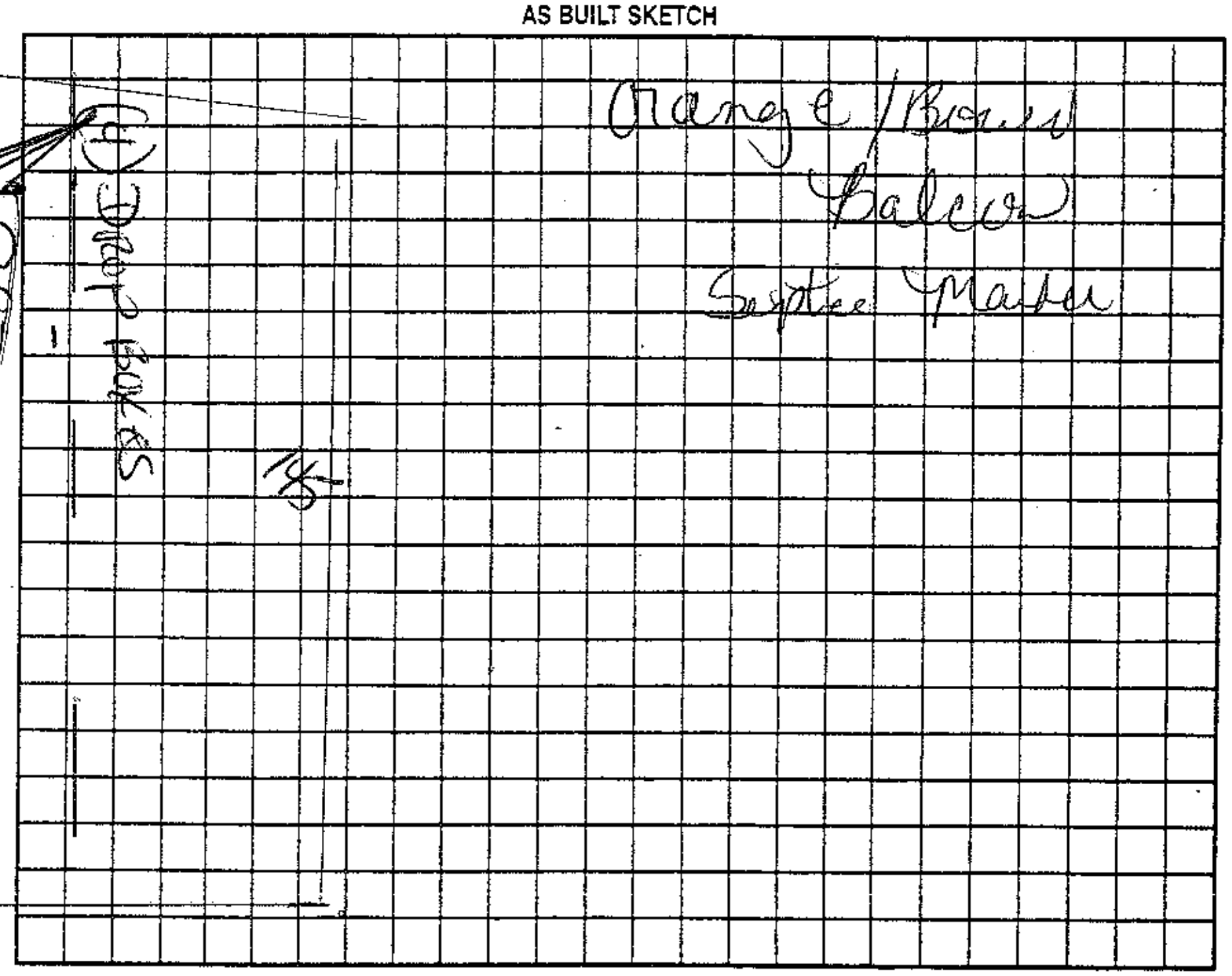
Comments:/Conditions:
Both the House and mobile home on county water

Comments:/Conditions:
Install on Contour
Maintain all set backs

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 Patsy S. Combs date ____
Improvement Permit by: Kerry Cook date 9-18-07
Authorization to Construct by: Kerry Cook date 9-18-07

Installed by: James Shuller
Operation Permit by: Kerry Cook date 9-21-07
Existing System Inspection by: ____ date ____

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