IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REDAER PIN# —

OWNER OR CONTRACTOR ROBERT STROUD PHONE: Business — Home 876-3365 DATE 5/11/00

ADDRESS 103 COUNTRYVIEW RD STATESVILLE

LOCATION 21N - # X 77 - TR COUNTRYVIEW RD - 1ST ON LT

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

Septic Tank: EXISTING Gallons; STB — Date —
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 50
No Lines 3 Trench Width (12') Max Trench Bottom Depth (AS NEEDED) Gravel Depth 18"

☐ New System ☑ Repair System Type: I, II, (III), IV, V, VI
System Description: —
Repair System Description: GRAVITY BULL-RUN VALVE
Maintenance Agreement Required: ☐ Yes ☐ No CONVENTIONAL

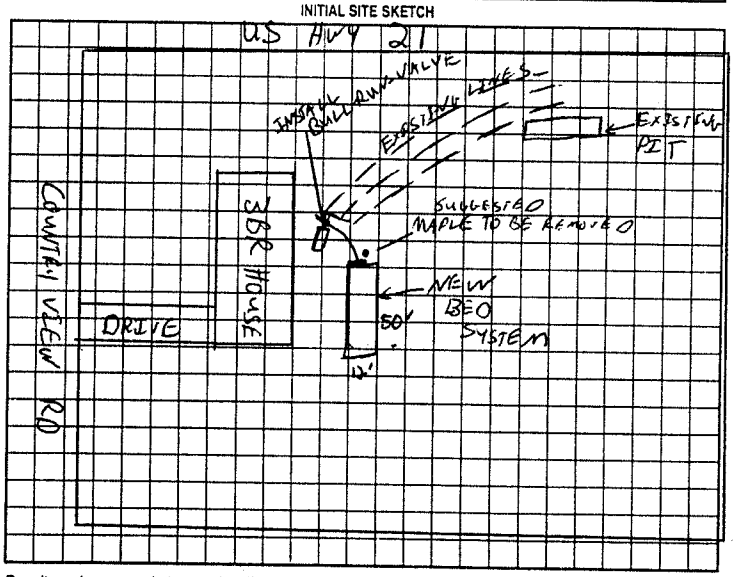
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees —
☐ Other —
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions:

Comments/Conditions: EXISTING (INSTALLED - 1990 - CLAUDE STROUD) Single compartment Tank

INITIAL SITE SKETCH



AS BUILT SKETCH

Old Dist Box Filled w/ Rock Line Filled
Bull Run Valve #2 New Line
#1 old Line
Recommend having Tank pumped every 3-5 yrs
Repair installed As Designed

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: Robert Stroud date —
Improvement Permit by: [signature] date 5/11/00
Authorization to Construct by: [signature] date 5/11/00

Installed by: Tommy Frye
Operation Permit by: JC Potter date June 20 2000
Existing System Inspection by: — date —

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