IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 095461 PIN# 4757 66 4913 DATE 04-09-01

OWNER OR CONTRACTOR JAMES & CHRISTOPHER PHONE: Business _____ Home 704-876-1346

ADDRESS 147 BUCK & DOE LN STATESVILLE, NC 28625

LOCATION HWY 21 N, (E) TWO MARYS LN, L BUCK & DOE (N), ATEND

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 15.0 SITE CLASS. _____ DESIGN FLOW 240 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: EXISTING
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☐ No

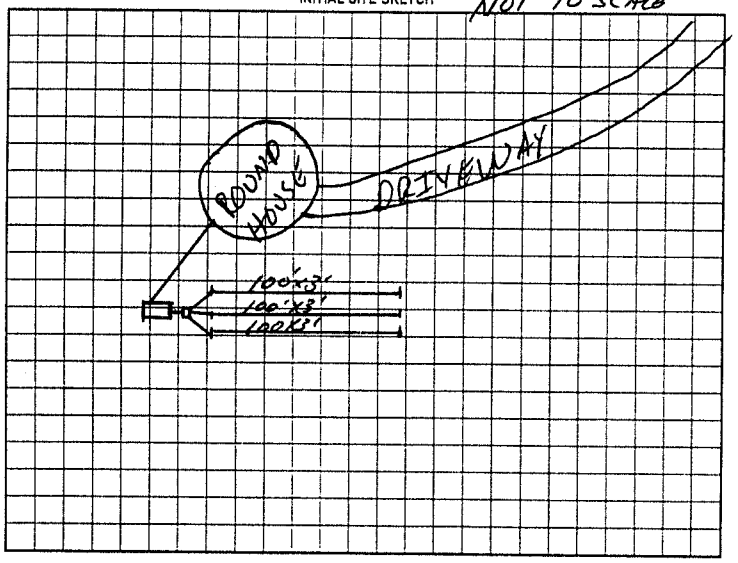
☒ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ___
☐ Other _____
☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☒ Public
☐ Community

Comments/Conditions: ① KEEP HOME AT LEAST 5' off system ② SYSTEM SIZED FOR 3 BEDROOM HOME! TWO BEDROOM HOME being built.

Comments/Conditions

INITIAL SITE SKETCH "NOT TO SCALE"



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 plan 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: James R. Christopher date _____ Installed by: HARRY REED

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: [signature] REHS date 04-05-01

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