CI

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 10-12-01

PERMIT# 102741 PIN# 4758-10-9683 PHONE: Business _____ Home 704-876-3754

OWNER OR CONTRACTOR JOSEPH ADAMS

ADDRESS 507 BLACKWELDER RD STATESVILLE NC 28625

LOCATION HWY 21 N, (L) JENNINGS, (R) BLACKWELDER 2 MILE ON RT BEHIND HOUSE @ BOX # 507

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .38

EXISTING

Septic Tank: 1000 Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields ___ Square Feet 960 Linear Feet 320

No Lines 4 Trench Width 36" Max Trench Bottom Depth _____ Gravel Depth 12"

[X] New System [ ] Repair System Type: I (II) III IV V VI

System Description: CONV GRAV

Repair System Description: CONV GRAY

Maintenance Agreement Required: [ ] Yes [X] No

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

[ ] House/Mod. Home No. Bedrooms 2

[X] Mobile Home No. Bathrooms 1½2

[ ] Business No. Employees ___

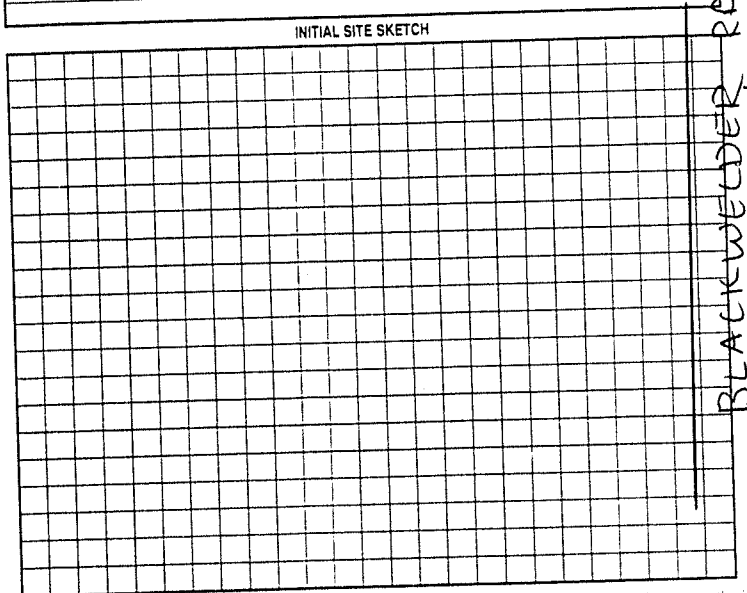
[ ] Other ___

Water Supply: [ ] Individual [X] Public [ ] Community

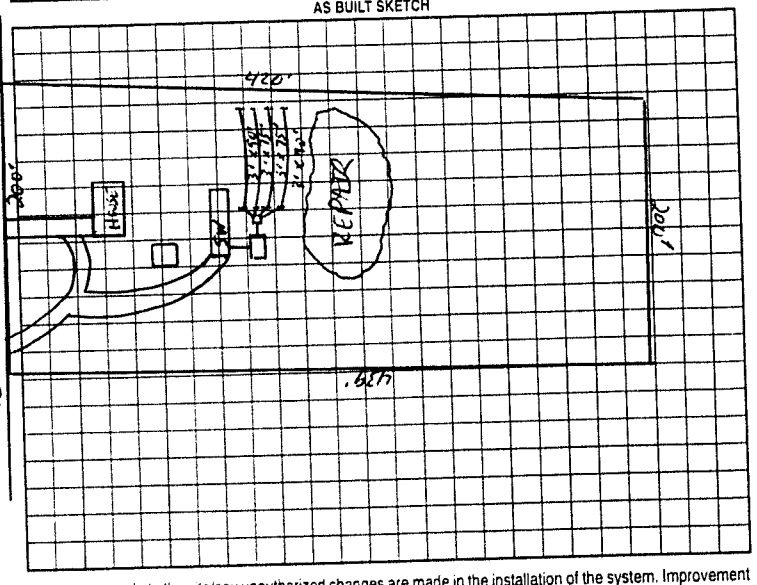
Comments/Conditions:

Comments/Conditions (1) SYSTEM SIZED FOR 3 BEDROOM -7 PUTTING ON 2 BEDROOM (2) MAINTAIN SETBACKS (3) PUT MH WHERE ORIGINAL ONE IS LOCATED

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: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: ANDY DANIELS

Operation Permit by: _____ date _____

Existing System Inspection by: [signature] RS date 10-12-01

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