IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 00D324 PIN# 4758803442 DATE 7/3/2000

OWNER OR CONTRACTOR Chris Allison PHONE: Business _____ Home 876-6157

ADDRESS 159 Blackwelder Rd Statesville NC

LOCATION US 21 N TR Blackwelder Rd 1/4 mile on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.0 Acre SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

X New System Repair System Type: I II III IV V VI

System Description: Gravity Conventional

Repair System Description: Same

Maintenance Agreement Required: Yes No

Slab Crawl Space Basement w/plumbing Basement wo/plumbing

X House/Mod. Home No. Bedrooms 3

X Mobile Home No. Bathrooms 2

Business No. Employees _____

Other _____

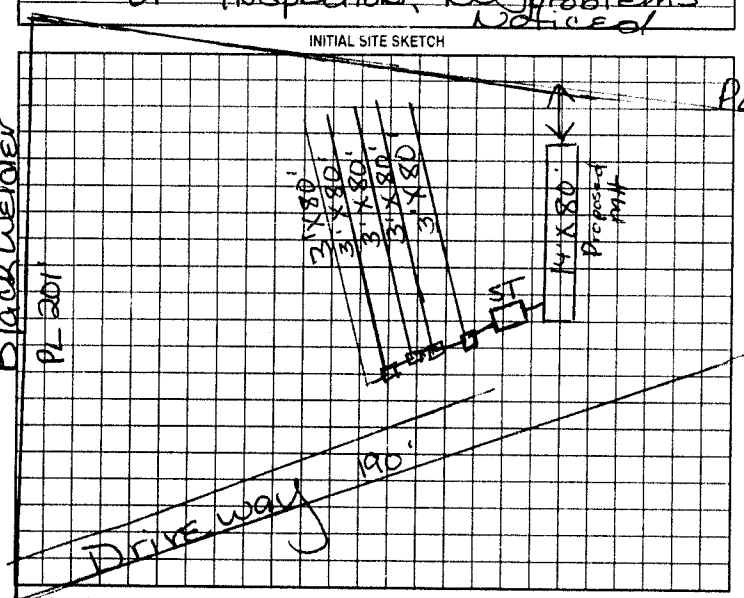
Water Supply: ☐ Individual X Public ☐ Community

Comments/Conditions: Existing Septic System appears to be functioning okay at time of inspection, No problems Noticed

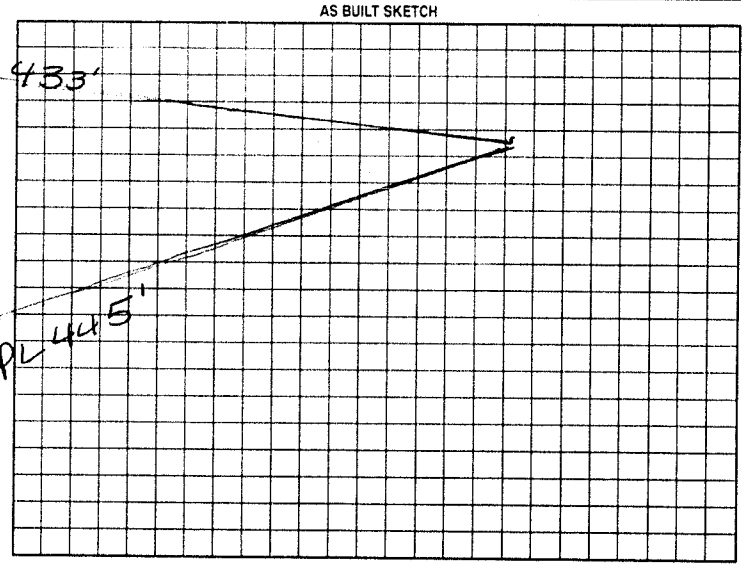
Comments/Conditions: Replacing 3 Bdrm SW with same.

* Keep new home at least 5' from Septic & 15' from Sidelines

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 Chris Allison date _____ Installed by: _____

Improvement Permit by: Mainstay Dotson RS. date 7/3/00 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Mainstay Dotson RS. date 7/3/00

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