CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# [redacted] 103527 PIN# [redacted] 4758-80-3442 DATE 11-30-01

OWNER OR CONTRACTOR CHRIS [redacted] ALLISON PHONE: Business _____ Home 704-876-6157

ADDRESS 159 BLACKWELDER RD STATESVILLE NC 28625

LOCATION US 21 N TL BLACKWELDER RD 1/4 mi left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA [redacted] 2.9AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 1-5-99

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 13"

☐ New System ☐ Repair System Type: I (II) III, IV, V, VI

System Description: CONV GRAV

Repair System Description: 25% RED

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

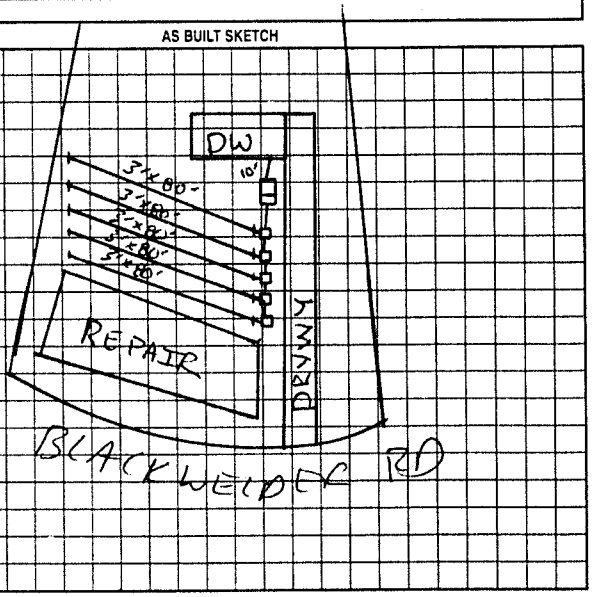
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: (1) 4TH BEDROOM WINDOW MUST BE BOARDED UP & VINYLED OVER TO ELIMINATE BEDROOM (2) MAINTAIN SETBACKS

Comments /Conditions

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: A-1 BACKHOE

Operation Permit by: _____ date _____

Existing System Inspection by: [signature] RS date 11-30-01

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