IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 078848 PIN# 4759 35 0329 DATE 8-2-99

OWNER OR CONTRACTOR JOHN WHALEN PHONE: Business Home 876-4084

ADDRESS 184 SANDRA DRIVE STATESVILLE NC 28625

LOCATION I-77 N, TR TOMLIN MILL, TL JOSEY, TR SANDRA, LOT AT END ON RIGHT

SUBDIVISION BLOCK / SECTION LOT LOT AREA 1.00 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. EXISTING 0.4 gpd/sf

Septic Tank: 1000 EXISTING Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 300 Linear Feet 100

No Lines ONE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☐ No

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

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees

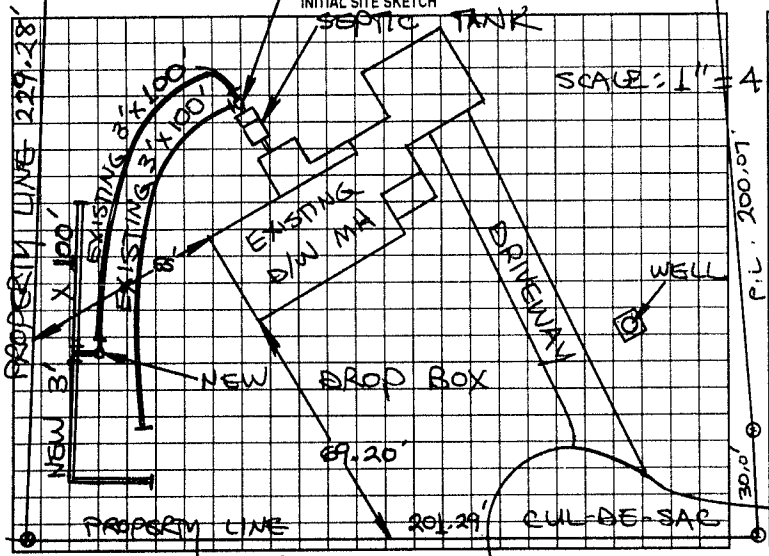
☐ Other EXPANSION

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments/Conditions: KEEP FUTURE ADDITION MINIMUM FIVE FEET FROM SYSTEM.

Comments/Conditions

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM EXPANDED ACCORDING TO INITIAL SITE 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: John W Whalen date 8/4/99

Improvement Permit by: STEVE HEDRICK date 8-2-99

Authorization to Construct by: STEVE HEDRICK date 8-2-99

Installed by: KENNY MADISON

Operation Permit by: STEVE HEDRICK date 8-17-99

Existing System Inspection by: date

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