# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 128876 PIN# 4759-51-0943 DATE 7-13-05

OWNER OR CONTRACTOR STEPHEN CHURCH PHONE: Business (704) 902-5345 Home (704) 876-3460

ADDRESS 140 EDRA DRIVE STATESVILLE NC 28625

LOCATION I-77N TO EXIT 59 TR TOMLIN MILL TR FAIRMOUNT TL EDRA PROPERTY AT END ON ROAD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.0 SITE CLASS. P3 DESIGN FLOW 360 L.T.A.R. 0.40 GPD/FT² EX.

Septic Tank: 1000 EX. Gallons; STB _____ Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3 Trench Width 36" Max Trench Bottom Depth 18"-36" Gravel Depth 12" EX.

☐ New System ☐ Repair System Type: I, (II) III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

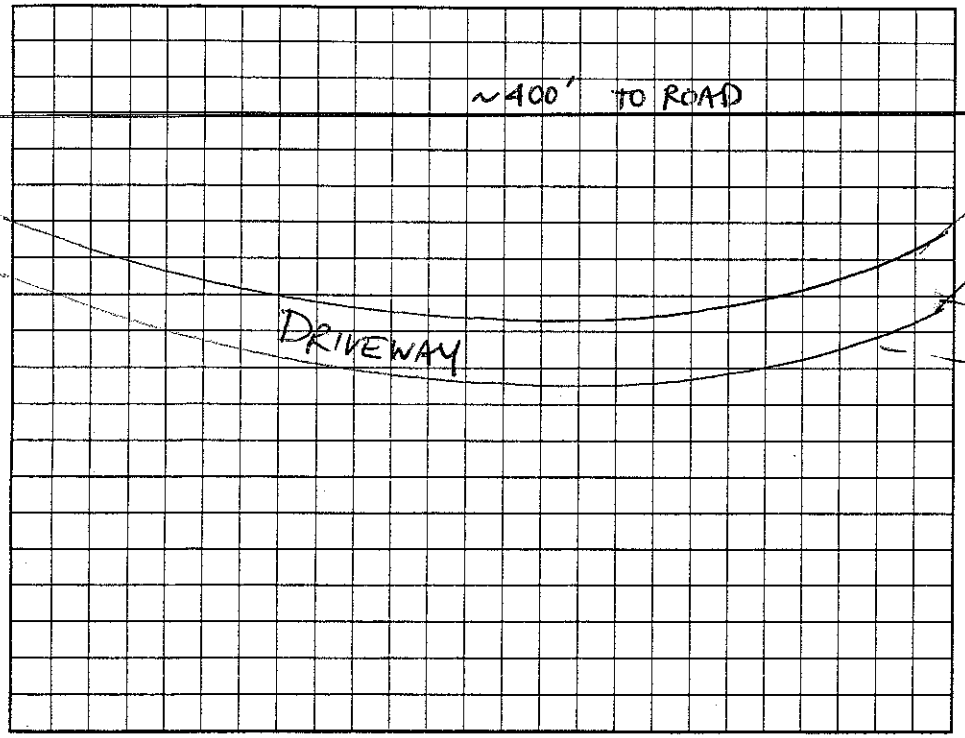
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

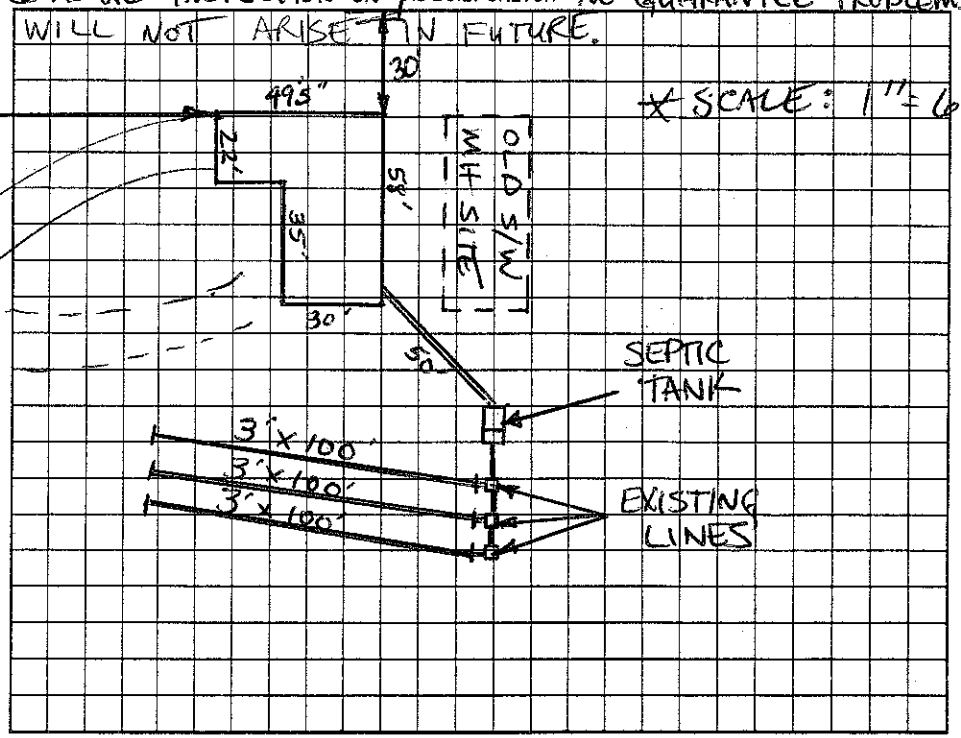
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions:

Comments:/Conditions: (1) SYSTEM FUNCTIONING PROPERLY AT TIME OF INSPECTION (2) PERMISSION TO BUILD PROPOSED STRUCTURE REMOVING OLD STRUCTURE (3) NEW HOUSE SITE SHALL NOT INCREASE THE NO. OF BEDROOMS SYSTEM IS SIZED FOR. (4) VISUAL INSPECTION ONLY AS BUILT SKETCH NO GUARANTEE PROBLEMS WILL NOT ARISE IN FUTURE.

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: _____ date 7/15/05 Installed by: A-1 BACKHOE

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

Authorization to Construct by: _____ date _____ Existing System Inspection by: Christy M. Sherrill, REHS, LSS date 7-13-05

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