IREDELL COUNTY HEALTH DEPARTMENT

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

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

Septic Tank: ____ Gallons; STB ____ Date ____
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields ____ Square Feet 600 Linear Feet 200' Exis
No Lines 3 ex. Trench Width Exis Max Trench Bottom Depth Exis Gravel Depth 12" ☑ Gravity ☐ Pressure

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Existing System
Repair System Description: ____
Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other ____
No. Bedrooms 2 No. Persons ____ No. Employees ____

Water Supply: ☑ Individual ☐ Public ☐ Community

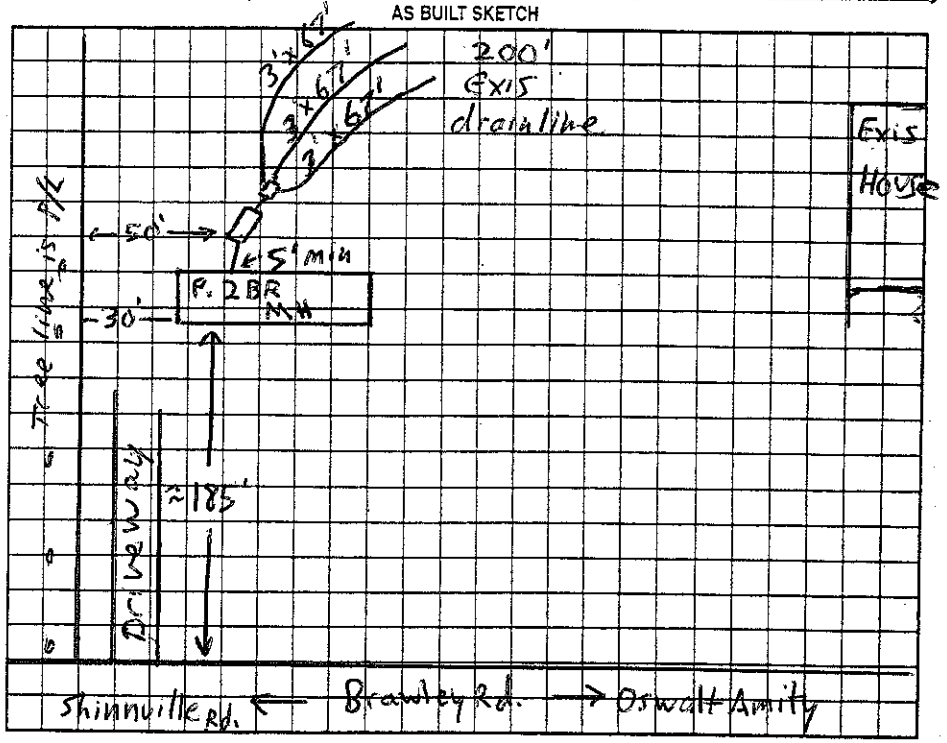
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

Comments:/Conditions: Keep MH min 5' from exis S/T.
* Original permit for 2 BR Mobile Home See permit 169 "1986"
No visible malfunction observable at time of inspection. Michael Moore

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: Nelson Thomas date 7-26-07

Improvement Permit by: ____ date ____

Authorization to Construct by: ____ date ____

Installed by: ____

Operation Permit by: ____ date ____

Existing System Inspection by: Anthony Cokerth date 7/24/07

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