IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 29140 PIN# 4761-39-5636 DATE 7-24-05

OWNER OR CONTRACTOR PHYLLIS JONES PHONE: Business 704-500-3747 Home 704-528-5760

ADDRESS 215 Hickory NUT DRIVE STATESVILLE NC 28677

LOCATION 70 EAST (L) BETHESDA (R) BY REUBEN DRIVE

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.855 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet EXISTING Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth EXISTING Gravel Depth _____

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

System Description: 60% CONV

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

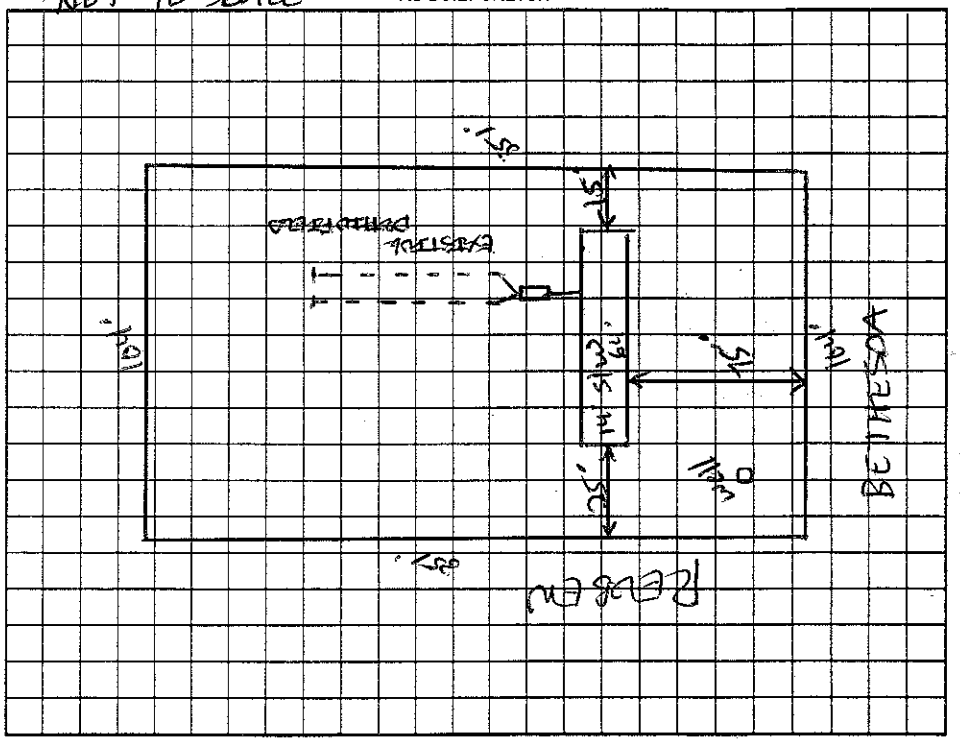
Comments:/Conditions:

Comments:/Conditions: (1) NO OLD RECORDS FOUND ✱ Applicant States 3 BEDROOM CAME OFF & 3 BEDROOM IS BEING REPLACED ✱

INITIAL SITE SKETCH

"NOT TO SCALE"

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: Jennifer L. Reed date 7-26-05 Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date 7-24-05

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date _____

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