IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 091096 PIN# 4762662781 DATE 10/3/2000

OWNER OR CONTRACTOR Howard Wagoner PHONE: Business Home 872-0471

ADDRESS 324 Cliffwood Dr. Statesville, NC 28677

LOCATION Bethesda Tl Cornflower TR Pine Tree TR Cypress

SUBDIVISION Pine Tree BLOCK / SECTION LOT LOT AREA 1.66 Acre SITE CLASS PS DESIGN FLOW 360 gpd/BR

Septic Tank: 1000 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@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Existing Gravity-ConV.

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1 3/4

☐ Business No. Employees

☐ Other

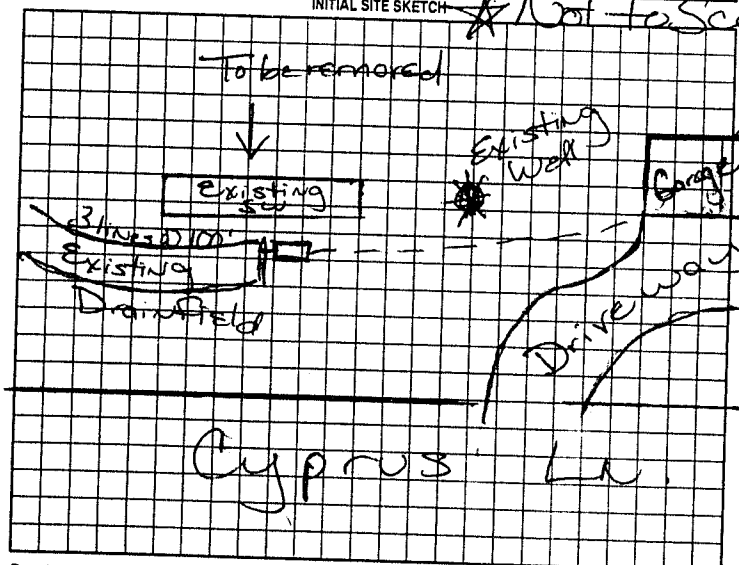
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

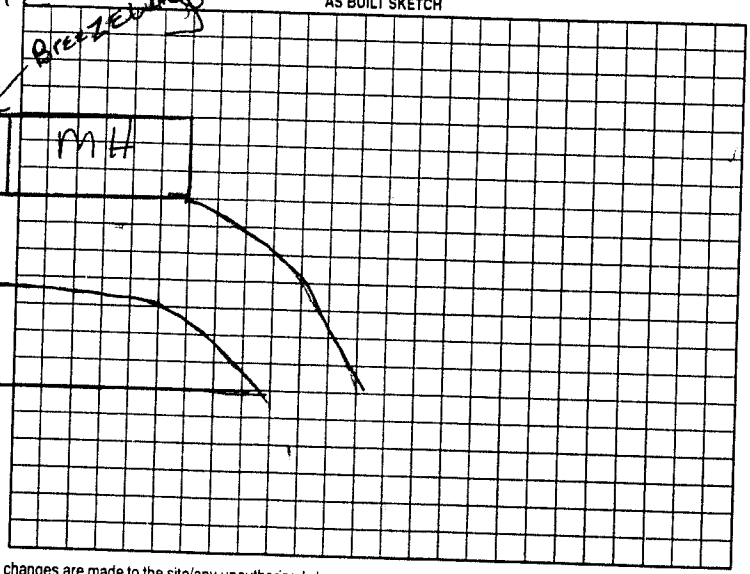
Comments/Conditions: Existing Septic System appears to be functioning Okay at time of inspection, NO problems noticed.

Comments/Conditions: Okay to remove existing 3 Bdrm SW & replace with 3 Bedroom Double wide Cleanout required if supply line exceeds 50'.

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: Howard E. Wagoner date Installed by:

Improvement Permit by: Maria H. Dixon RS date 10/3/2000 Operation Permit by: date

Authorization to Construct by: date Existing System Inspection by: Maria H. Dixon date 10/3/2000

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