139875

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~ALEX DANIELS~~ PIN# 4763-22-5371 DATE 1-8-07

OWNER OR APPLICANT ALEX DANIELS PHONE: Business _____ Home 704-880-2900

ADDRESS 245 NABORS ROAD, STATESVILLE, NC 28625

LOCATION US 70 EAST, TR NABORS ROAD, 0.6 MILE ON LEFT AT #245

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.1 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet EXISTING

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

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

System Description: CONVENTIONAL, GRAVITY

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ ~~Gravity~~ ☐ Pressure

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

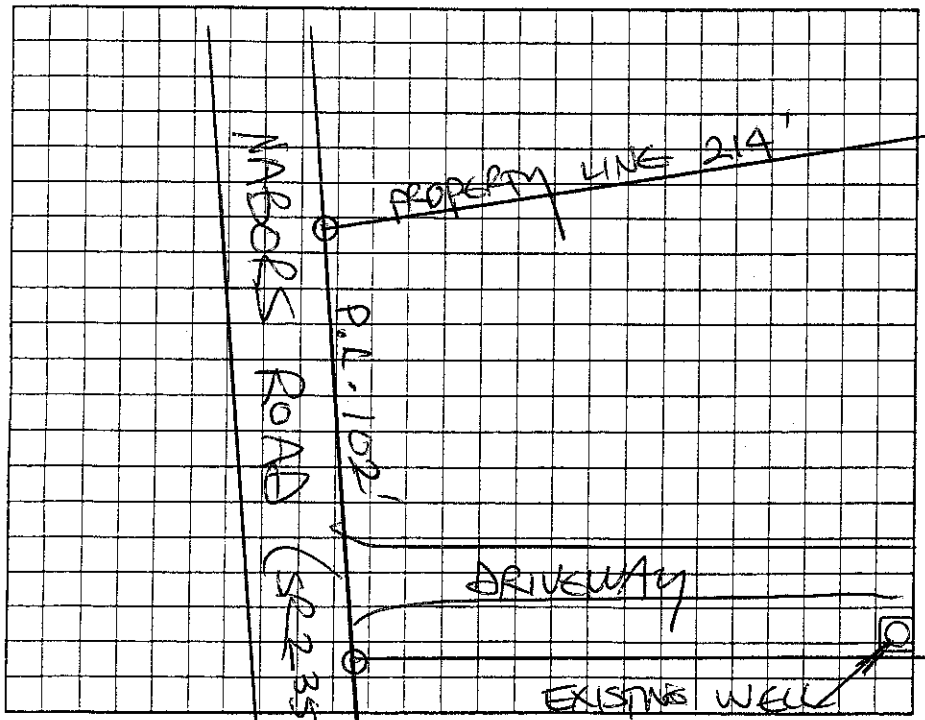
Water Supply: ☐ Individual ☐ Public ☐ Community WELL

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

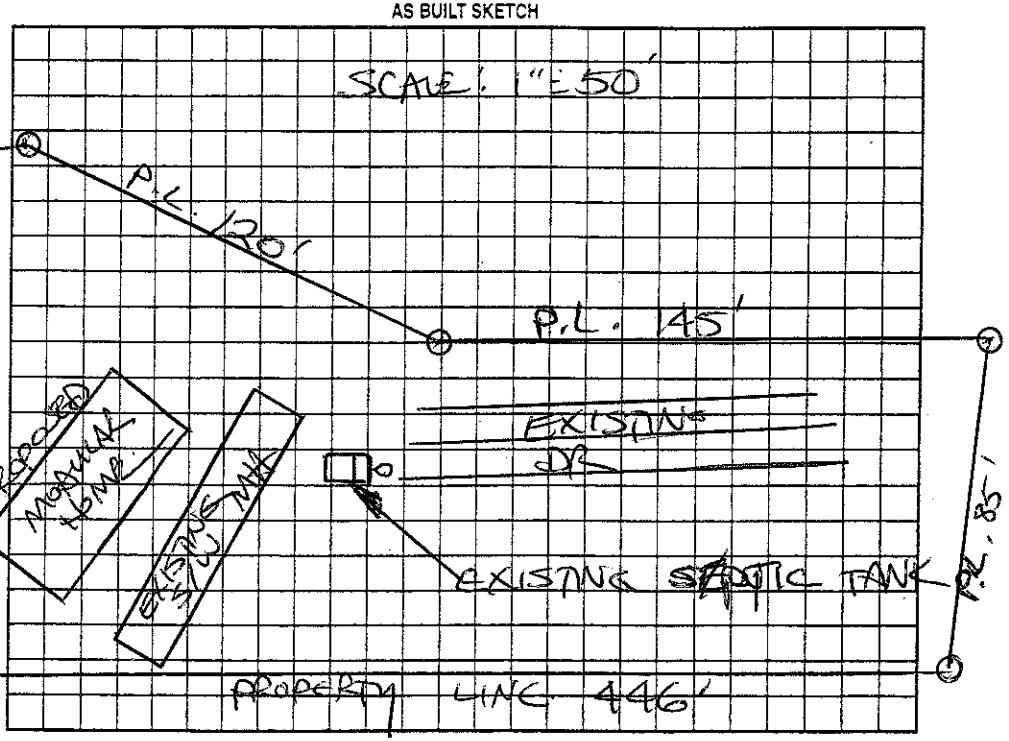
Comments:/Conditions:

Comments:/Conditions: EXISTING S/W MH TO BE REMOVED UPON OCCUPANCY OF MODULAR HOME

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: _____ date _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: STEVE HEARICK date 1-8-07

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