IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 110778 PIN# 4763-43-6505 DATE 01-14-03

OWNER OR CONTRACTOR TSUMAS FAMILY LTD PARTNERSHIP PHONE: Business 704-252-0545 Home 704-878-9171 JAN WOODSIDE

ADDRESS 300 E BROAD ST SUITE 102 STATESVILLE NC 28677

LOCATION 70 EAST (R) BETHESDA (L) RED WALNUT (R) CAMP OAK, 127 CAMP OAK ON LEFT LOT # 26

SUBDIVISION WAYSIDE ESTATES BLOCK / SECTION ____ LOT 26 LOT AREA 107X200' SITE CLASS. ____ DESIGN FLOW 360 L.T.A.R. .4 INITIALLY

EXISTING

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 2 Square Feet ____ Linear Feet 300' total

No Lines 4 Trench Width ____ Max Trench Bottom Depth ____ Gravel Depth ____

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

System Description: GRAV DAVELS | GRAV | VALVED

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home D/W No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

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

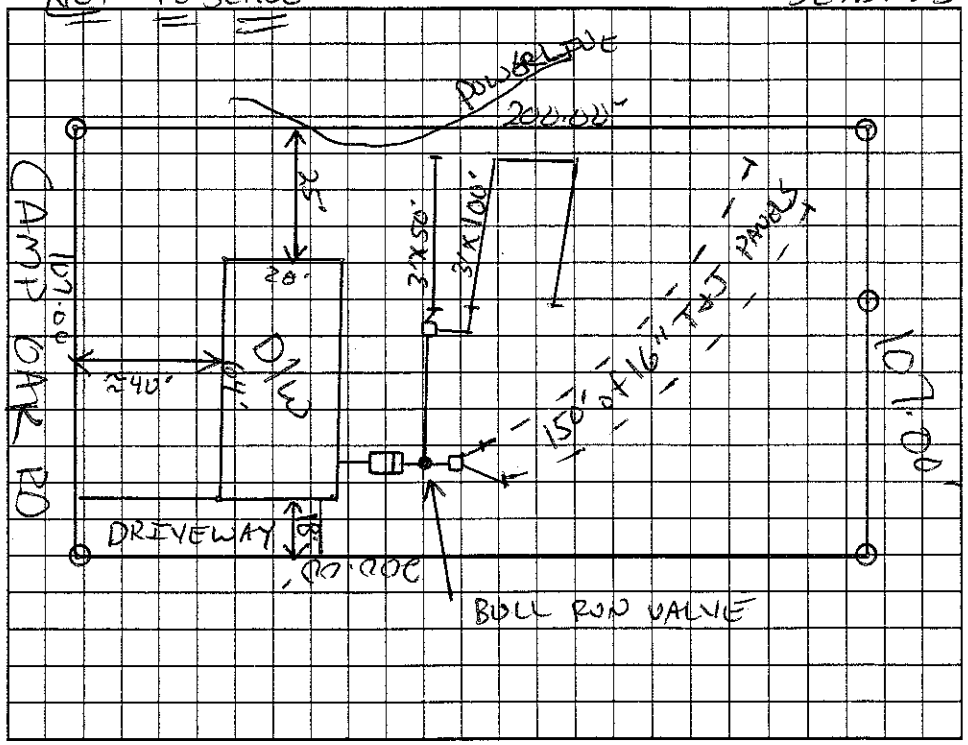
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: * TAKING OFF 3 BEDROOM & REMARK WITH 3 BEDROOM

Comments/Conditions: ① VALVE IS SET ON NO. 1 FOR REPAIR LINES. OLD LINES ARE ON NO. 2. SWITCH EVERY 6 MONTHS. ② HOME NOT SETUP @ TIME OF CHECK. NO SIGNS OF FAILURE AT TIME OF CHECK. ③ MAINTAIN SETBACKS.

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: Jan K Woodside date 1-15-03 Installed by: ____

Improvement Permit by: ____ date ____ Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: [signature] date 01-14-03

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