Existing System

IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE May 15 2000

PERMIT# 88981 PIN# 4763517628 PHONE: Business _____ Home 873 7495

OWNER OR CONTRACTOR James Glascox

ADDRESS 118 Treeline DR Statesville NC

LOCATION Hwy 70 E (R) Bethesda (L) Treeline 3rd Lot on Right #118

SUBDIVISION Forest Acres BLOCK / SECTION _____ LOT 162 LOT AREA 99' x 200' .43 SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. .35 per 15A NCAC 1988

Septic Tank: 1000 Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 2 Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: _____

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home AW No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

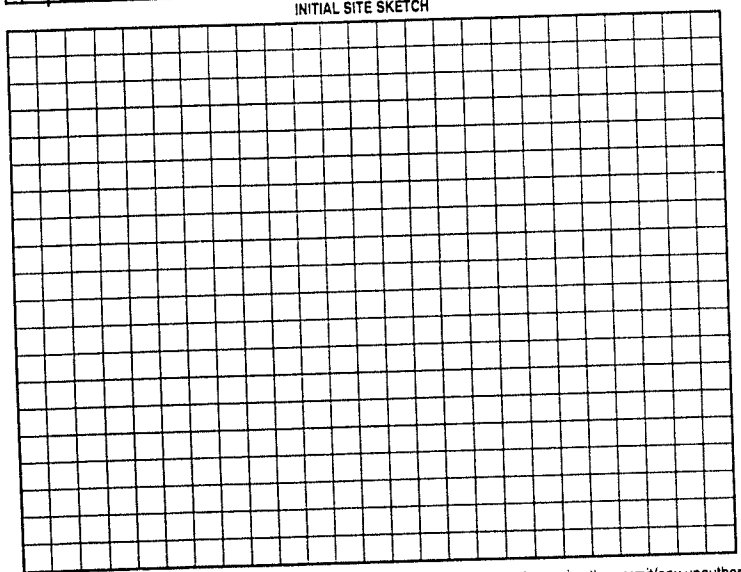
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

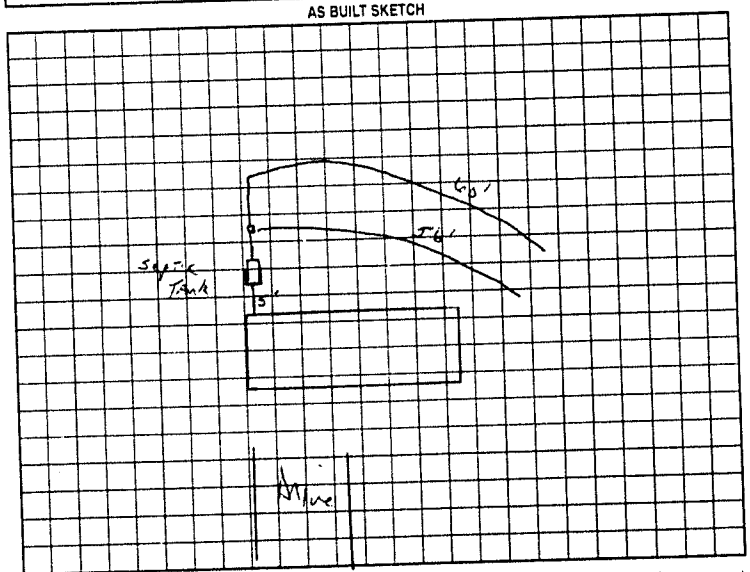
Comments/~~Conditions~~: ORGINAL PERMIT T+T Co 10-5-88
Note: GARden Located Close To Lines No Sign of Failure AT This Time
Recommend having Septic TANK pumped And OUTLET Tee Replaced if needed Locate home Min. 5ft from Septic TANK

Comments/Conditions

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: Donald Lackey

Operation Permit by: _____ date _____

Existing System Inspection by: L. Potter date May 15 2000

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