IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111219 PIN# 4763-52-7478 DATE 03/17/03

OWNER OR CONTRACTOR DAVID MILLER PHONE: Business _____ Home 704-878-9797

ADDRESS 146 RED OAK DR. STATESVILLE, NC 28677

LOCATION HWY 70 EAST, (R) BETHESDA, (L) RED OAK, PROPERTY ON RIGHT @ BOX # 146,

SUBDIVISION FOREST ACRES BLOCK / SECTION III LOT 97 LOT AREA ~0.50 ACRES SITE CLASS EXISTING DESIGN FLOW 360 GPD L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons; STB EXISTING Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth ? Gravel Depth ?

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

System Description: EXISTING: CONVENTIONAL, GRAVEL

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

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

Water Supply: ☐ Individual ☒ Public ☐ Community

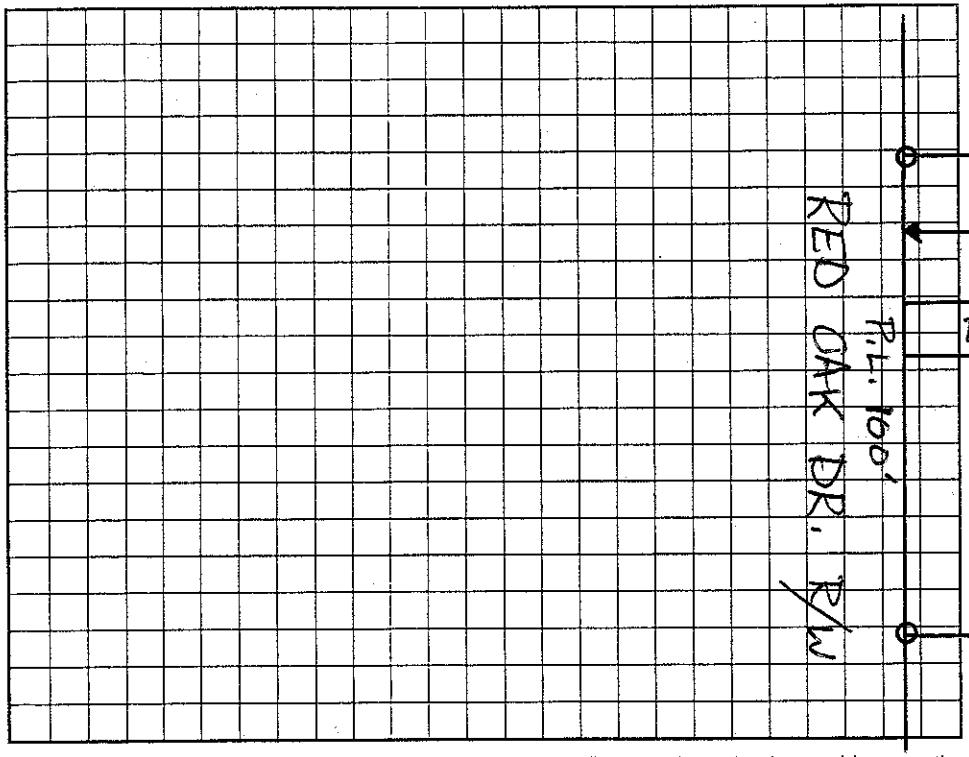
Comments:/Conditions:

*DO NOT SET NEW HOME CLOSER THAN MINIMUM SEPTIC SETBACK. (HOME MUST BE 5 FEET PLUS FROM ANY PART OF SEPTIC)

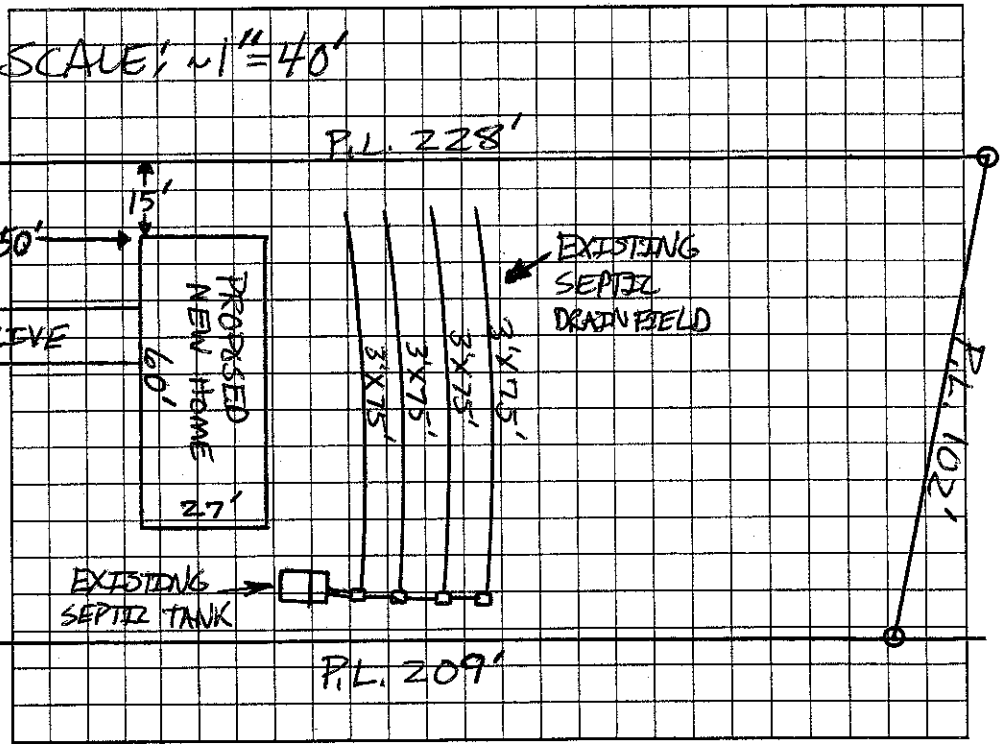
Comments:/Conditions:

EXISTING SYSTEM INSPECTION

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.

X Signed: David W. Miller date 3-17-03 Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Patrick Mitchell date 03/17/03

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