IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 4763-52-9475 DATE 4-3-03

OWNER OR CONTRACTOR TSUMAS FAMILY LIMITED PHONE: Business 704-878-9171 Home

ADDRESS 156 RED OAK DRIVE, STATESVILLE, NC 28677

LOCATION US 70 EAST, TR BETHESDA ROAD, TL RED OAK DRIVE, 4TH LOT ON RIGHT BEFORE CUL-DE-SAC

SUBDIVISION FOREST ACRES BLOCK / SECTION ____ LOT 95 LOT AREA 0.5898 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.4 GPD/FT²

Septic Tank: EXISTING 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 FOUR Trench Width ____ Max Trench Bottom Depth ____ Gravel Depth ____

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

System Description: CONVENTIONAL, GRAVITY

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 2

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

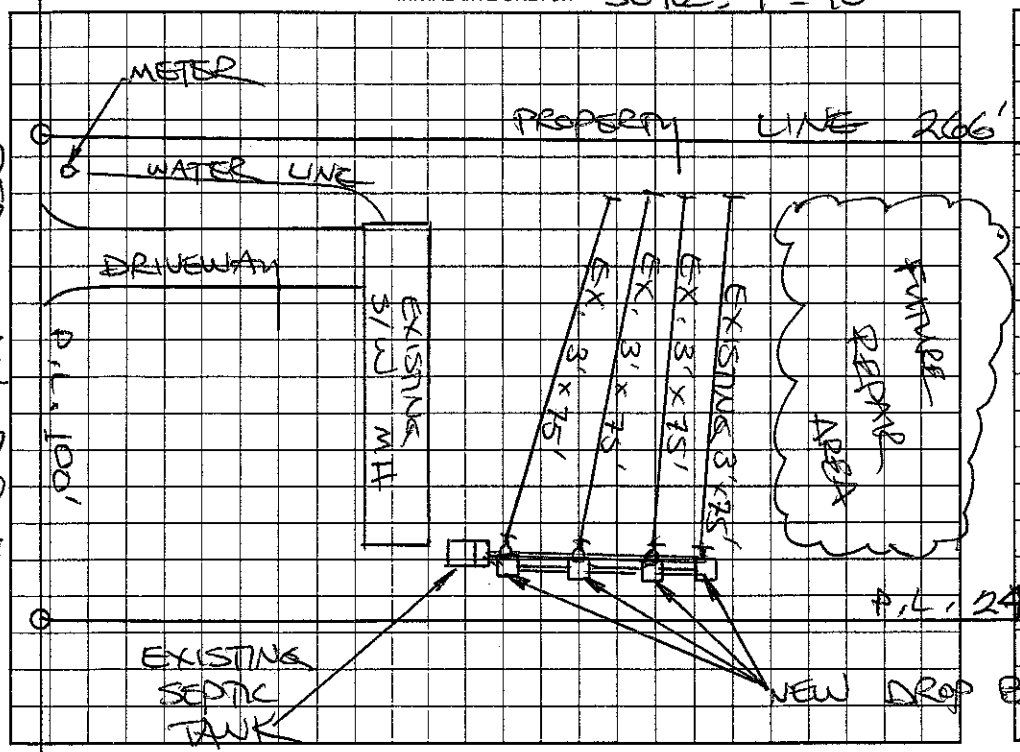
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

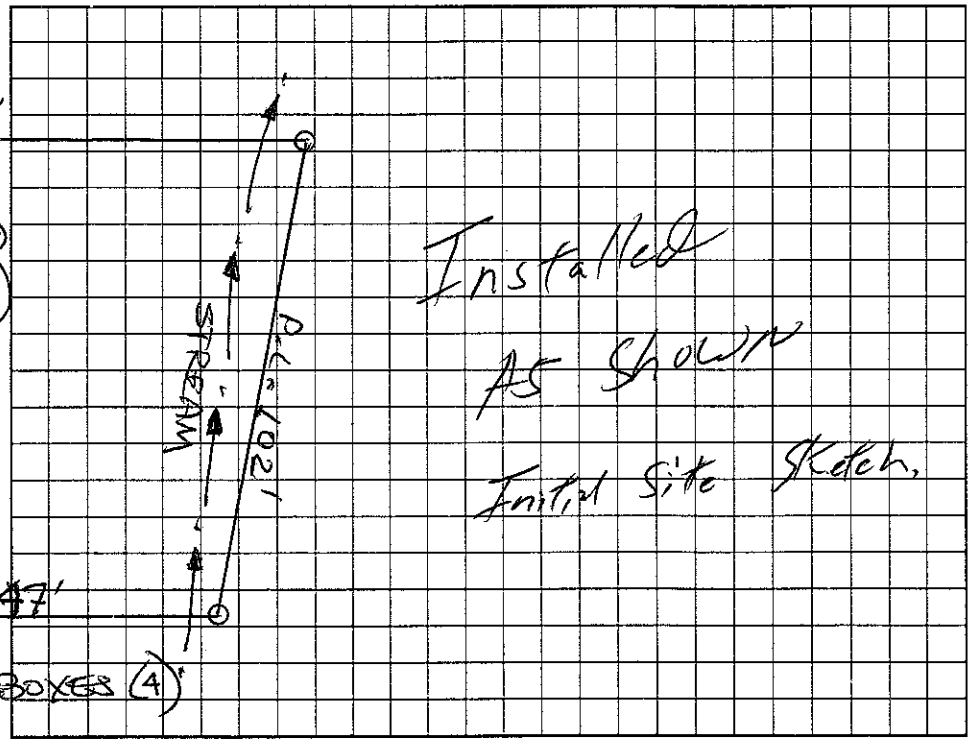
Comments:/Conditions: INSTALL NEW DROP BOXES AT LOCATION SHOWN – REMOVE EXISTING DROP BOXES

Comments:/Conditions:

INITIAL SITE SKETCH SCALE: 1"=40'



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: STEVE HEDRICK date 4-3-03

Authorization to Construct by: STEVE HEDRICK date 4-3-03

Installed by: Lance Lingle

Operation Permit by: William O. Johnson date 4/24/03

Existing System Inspection by: ____ date ____

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