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# 4763-59-6216 DATE 6-26-03

OWNER OR CONTRACTOR BRIAN R. SIGMON PHONE: Business 704-872-0179 Home 704-878-0055

ADDRESS 117 STEED LANE, STATESVILLE, NC 28625

LOCATION US 64 EAST, TR BELL FARM ROAD, TR STEED LANE, 2ND HOUSE ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.06 ACRES SITE CLASS. P3 DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 300 Linear Feet 100

No Lines ONE Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: _____

Repair System Description: CONVENTIONAL DRAIN

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth 18" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

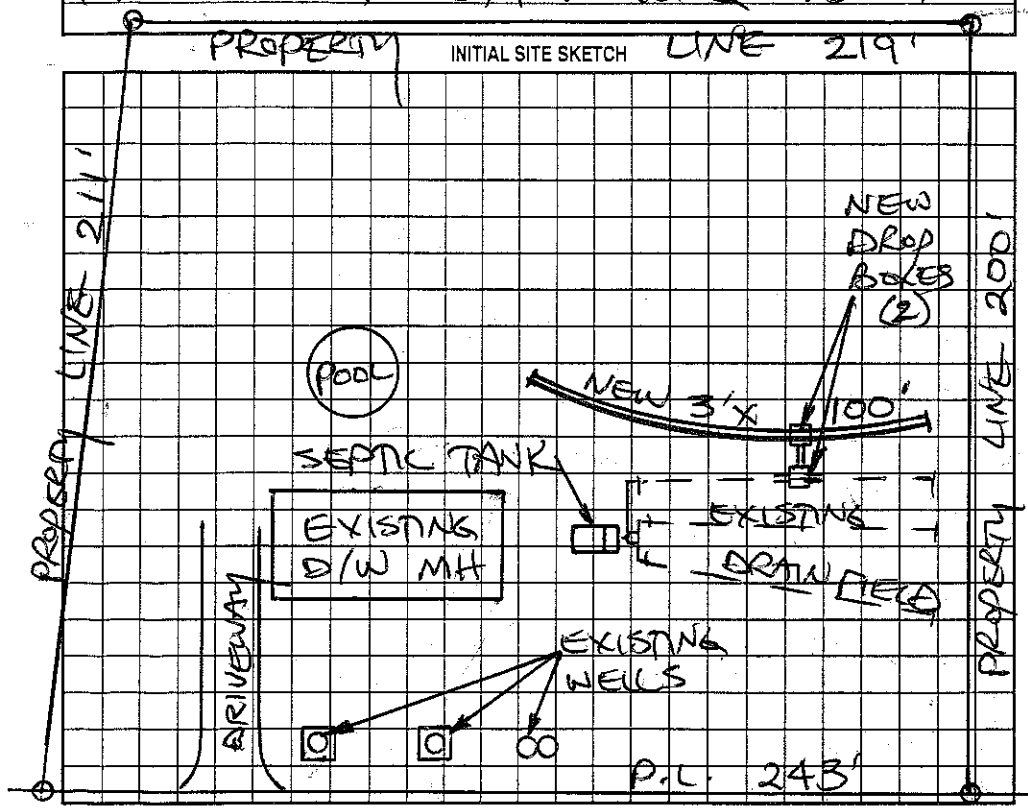
☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments:/Conditions: INSTALL NEW DROP BOXES (2) INTERCEPTING EXISTING DRAINLINE AS SHOWN FEEDING NEW 3' X 100' LINE ON CONTOUR USING 18" STONE

Comments:/Conditions: SYSTEM INSTALLED AS DRAWN

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 6-26-03 Installed by: CRAIG THOMPSON

Improvement Permit by: STEVE HEDRICK date 6-26-03 Operation Permit by: _____ date 7-11-03

Authorization to Construct by: STEVE HEDRICK date 6-26-03 Existing System Inspection by: _____ date _____

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