IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111966 PIN# 4763-61-2816 DATE 4-22-03

OWNER OR CONTRACTOR William Osborne PHONE: Business _____ Home 704-924-7058

ADDRESS 129 ARBOR DR. STATESVILLE, NC 28677

LOCATION TO EAST, ⓔ BETHESDA, ⓛ TREE LINE, ⓛ ARBOR DR, 1ST LOT ON RT @ BOX# 129

SUBDIVISION FOREST ACRES BLOCK / SECTION _____ LOT 127 LOT AREA 1.435 AC SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. .4

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: EXISTING Gallons; PT _____ Date _____

Pump Make: EXISTING Model _____ Serial No. _____

Nitrification Field: No Fields ✓ Square Feet ✓ Linear Feet 150'

No Lines 2 Trench Width 24" Max Trench Bottom Depth ✓ Gravel Depth ✓

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

System Description: GRAV PANEL

Repair System Description: LP PANEL

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

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

Water Supply: ☐ Individual ☒ Public ☐ Community

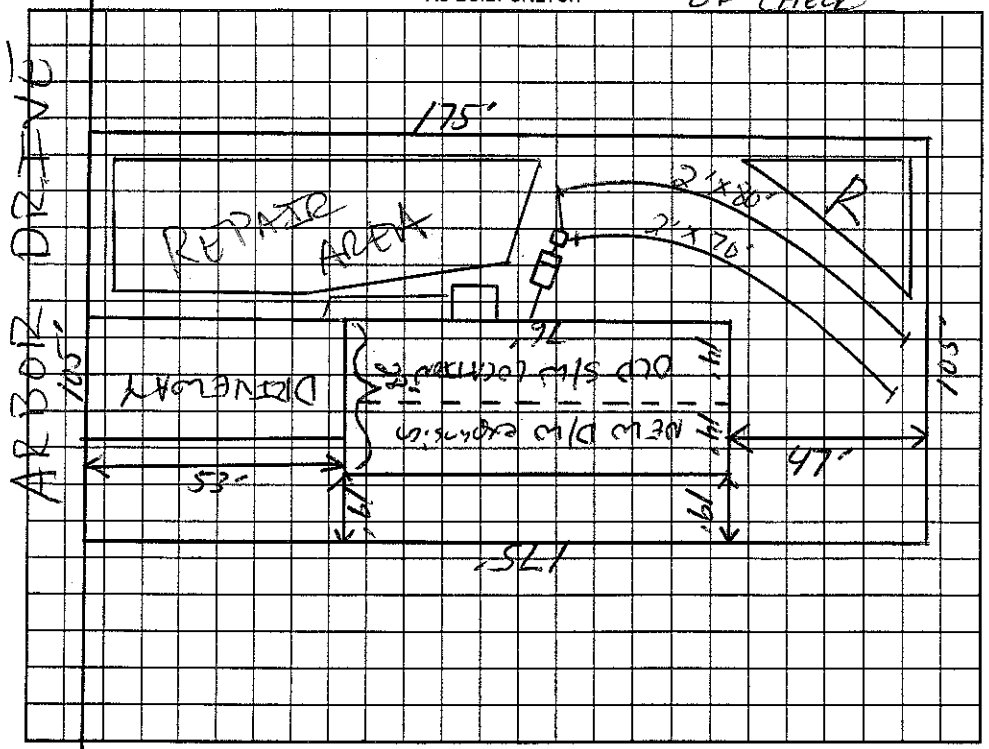
Comments:/Conditions: THIS IS AN EXISTING SYSTEM CHECK. TAKING OFF 3 BEDROOM & PUTTING ON 3 BEDROOM.

Comments:/Conditions: ① MAINTAIN SETBACK ② KEEP ALL VEHICULAR TRAFFIC OFF DRAIN FIELD AREA TO PREVENT DAMAGE. ③ NO SIGNS OF FAILURE AT TIME OF CHECK. ④ NEW HOME NOT ON SITE @ TIME OF CHECK

INITIAL SITE SKETCH

TREE LINE DR

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: William R Osborne date _____ Installed by: _____

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

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date 4-22-03

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