IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100872 PIN# 4763 70 7898 DATE 6-12-01

OWNER OR CONTRACTOR ANTHONY GILLESPIE PHONE: Business 1-704-528-0848 Home

ADDRESS 110 Tulip Tree CT, STATESVILLE, NC 28677

LOCATION 70E, (R) MOREHEAD, (R) DELLHOUSE (L) BIG FORREST (R) TULIPTREE, ON RT

SUBDIVISION FORREST ACRES BLOCK / SECTION II LOT 235 LOT AREA .43 AC SITE CLASS PS DESIGN FLOW 240 L.T.A.R. .35

EXISTING

Septic Tank: 1000 Gallons: STB 1012 Date 3-11-94
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No
Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☐ New System ☐ Repair System Type: I (II) III. IV. V. VI
System Description: CONV GRAV
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☒ No

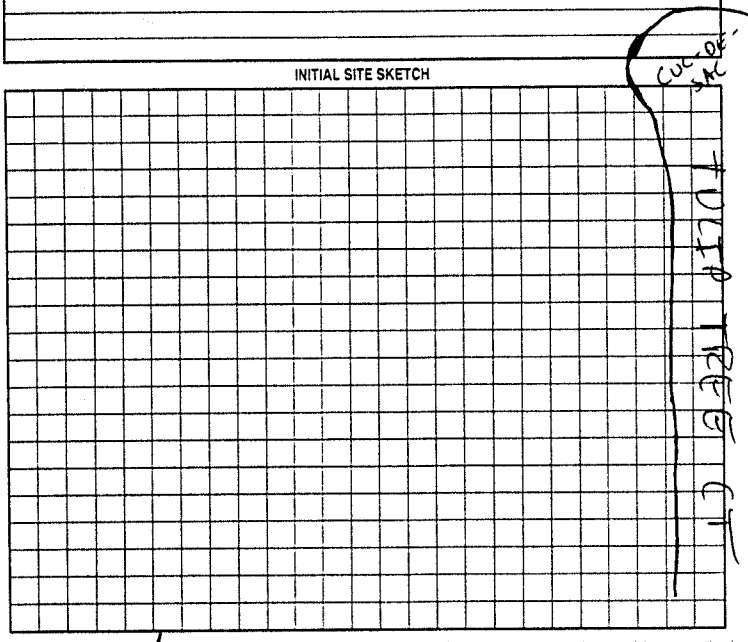
☐ House/Mod. Home No. Bedrooms 2
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

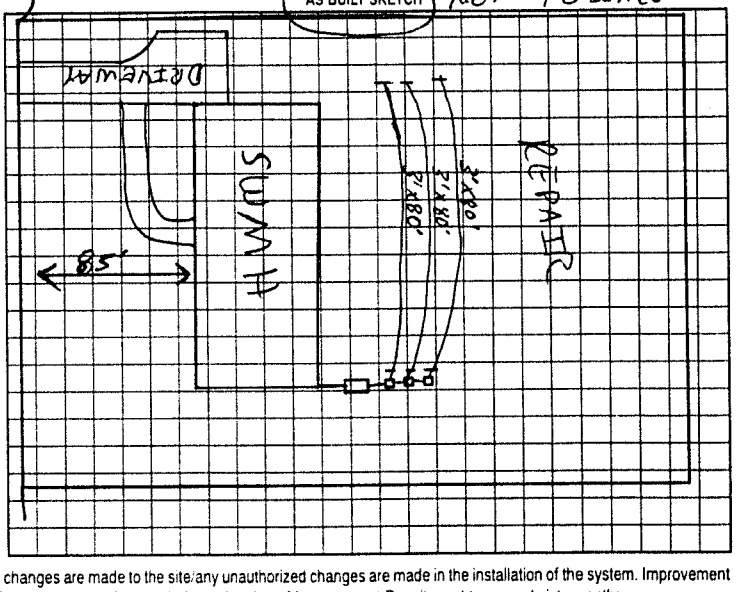
Comments/Conditions:

Comments/Conditions: EXISTING SYSTEM CHECK

INITIAL SITE SKETCH



AS BUILT SKETCH "NOT TO SCALE"



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 _____ Installed by: _____

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

Authorization to Construct by: _____ date _____ Existing System Inspection by: Tom Cook REHS date 6-12-01

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