IREDELL COUNTY HEALTH DEPARTMENT

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

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

(21)

PERMIT# 123801 PIN# ~~4764-67-5319~~ 4747-05-7226 DATE 9-9-04

OWNER OR CONTRACTOR STATESVILLE HOUSING CENTER PHONE: Business 704-924-9393 Home 704-871-8136

ADDRESS 115 MOREHEAD ROAD, STATESVILLE, NC 28677

LOCATION US 64 EAST, TR BELL FARM ROAD, TL DOGWOOD EST. CIR BEAR RIGHT, 1ST MH ON RIGHT

SUBDIVISION ~~DOGWOOD ESTATES~~ BLOCK / SECTION ____ LOT 24 LOT AREA 13.985 ACRES SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 225' Linear Feet ~75'

No Lines 1 BED Trench Width ~6' 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 ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 1 No. Employees ____

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

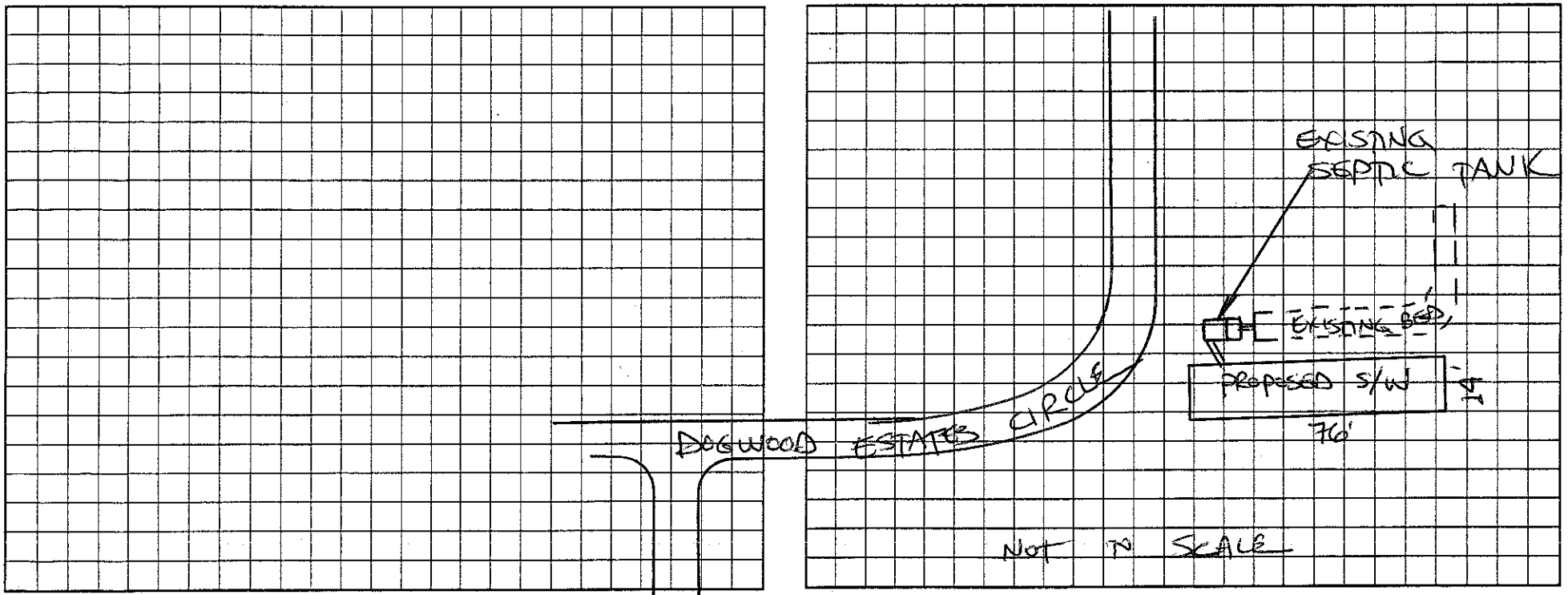
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: SYSTEM UNDERSIZED ACCORDING TO TODAY'S STANDARDS

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 ____

Improvement Permit by: ____ date ____

Authorization to Construct by: ____ date ____

Installed by: ____

Operation Permit by: ____ date ____

Existing System Inspection by: STEVE HEDRICK date 9-9-04

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

BELL FARM ROAD