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# 4764-67-5379 4206 DATE 9-17-03

OWNER OR CONTRACTOR LAUREN CARTER PHONE: Business 704-657-1499 Home 704-872-6576

ADDRESS 201 W. BELL ST STATESVILLE NC 28677

LOCATION US 64 E, TR FARM ROAD, TL DOGWOOD ESTATES, BEAR RIGHT AROUND CIRCLE ON (R) @ #30

SUBDIVISION DOGWOOD ESTATES BLOCK / SECTION ____ LOT 30 LOT AREA LIMITED SITE CLASS. PS 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 TWO 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 GRAVITY

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 ____

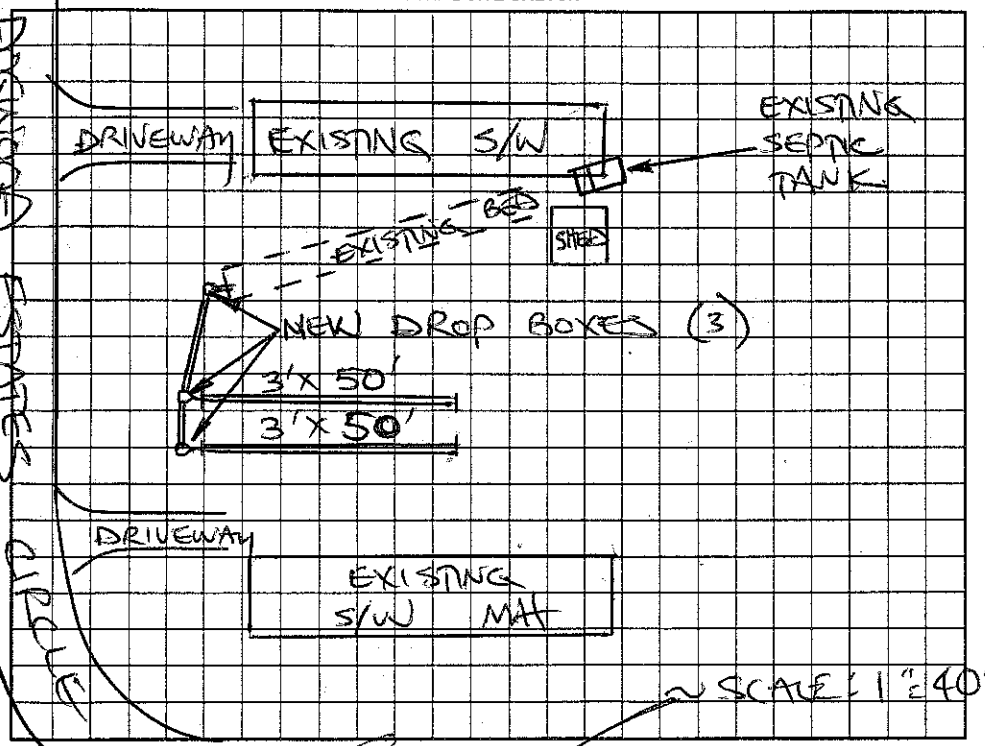
☐ Other ____

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: ① PUMP OUT EXISTING SEPTIC TANK AT BOTH CHAMBERS (INLET & OUTLET SIDES) ② INSTALL NEW DROP BOXES (3) AS SHOWN TO ACHIEVE SERIAL DISTRIBUTION ③ USE 18" STONE IN DRAINLINES

Comments:/Conditions: LOWER DRAINLINE INSPECTED 10-14-03, RSH

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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 9-17-03 Installed by: OWNER

Improvement Permit by: STEVE HEDRICK date 9-17-03 Operation Permit by: STEVE HEDRICK date 10-21-03

Authorization to Construct by: STEVE HEDRICK date 9-17-03 Existing System Inspection by: ____ date ____

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