# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 88255 PIN# 4765035734 DATE 3-27-00

OWNER OR CONTRACTOR Michelle Baker PHONE: Business _____ Home 873 8996

ADDRESS Po Box 1690 Statesville N.C.

LOCATION 64E TR Roger Dr. To Parlier st at end on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA .55acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons: STB 319 Date 1-11-00

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

No Lines 4 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. Gravity

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No Employees _____

☐ Other _____

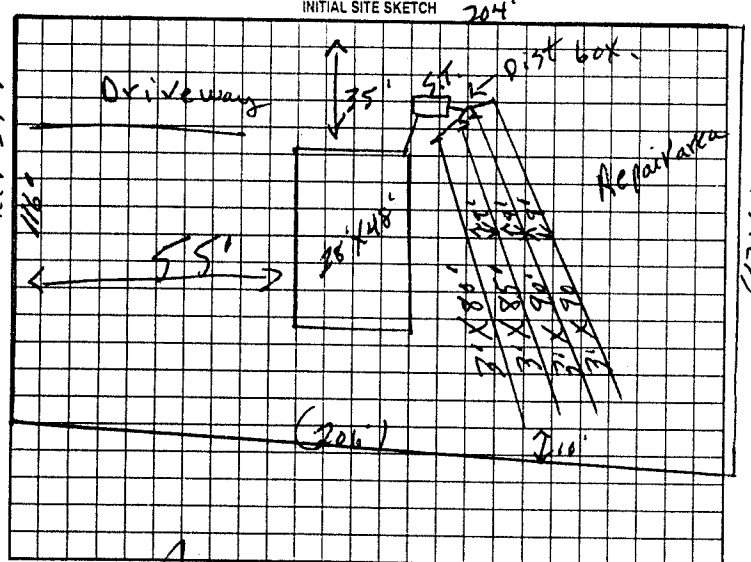
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions:

Comments/Conditions SEPTIC TANK WITH MARKER INSTALLED USING "TUF-TITE" FILTER

INITIAL SITE SKETCH




AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL 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 _____

Improvement Permit by: R.C. Moore date 3-27-00

Authorization to Construct by: R.C. Moore date 3-27-00

Installed by: DAVID UMBARGER

Operation Permit by: STEVE HEDRICK date 7-3-00

Existing System Inspection by: _____ date _____

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