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

OWNER OR CONTRACTOR Michelle Baker PHONE: Business _____ Home 873 8996 DATE 3-27-00

ADDRESS Po Box 1690 Statesville NC.

LOCATION 64E TR Bogey Dr. T6 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 ☑ New System ☐ Repair System Type: I (II, III, IV, V, VI)

Pump Tank: _____ Gallons: PT _____ Date _____ System Description: Conv. Gravity

Pump Make: _____ Model _____ Serial No. _____ Repair System Description: _____

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345 Maintenance Agreement Required: ☐ Yes ☐ No

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

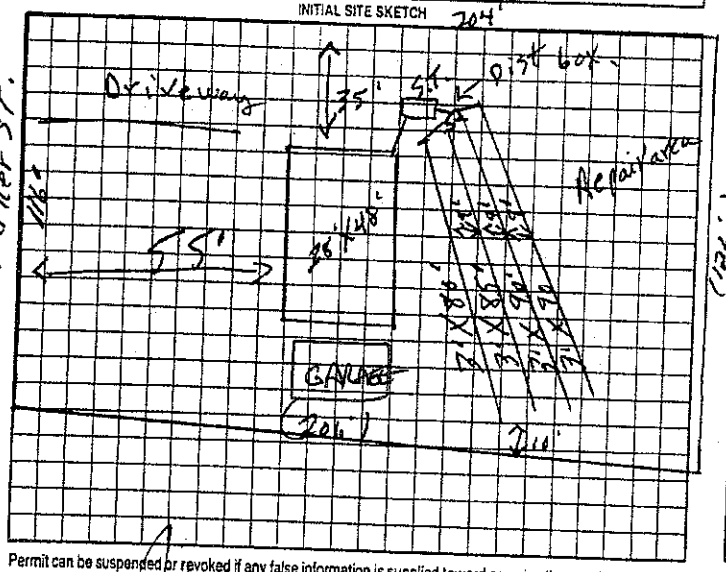
☑ House/Mod Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

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 _____ Installed by: DAVID UMBARGER

Improvement Permit by: R.C. Moore date 3-27-00 Operation Permit by: STEVE HEDRICK date 7-3-00

Authorization to Construct by: R.C. Moore date 3-27-00 Existing System Inspection by: _____ date _____

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

Location of the proposed DETACHED GARAGE addition does not appear to impact the existing on-site septic system.NOTE: KEEP MINIMUM 5' FROM SYSTEM**

R. STEVE HEDRICK REHS

Date: MAY 15, 2012

ICHD-Environmental Health Division